

**TO: Arizona State Board of Physical Therapy**

**RE: Summary of Public Input on the Use of Dry Needling as of May 2013**

**Date: May 6, 2013**

The Arizona State Board of Physical Therapy held a public meeting on April 18, 2013 in Flagstaff, Arizona seeking information and comments from the public on the use of dry needling by licensed physical therapists. The meeting began at 5:30 p.m. and ended at about 7:45 p.m, almost an hour after the posted, allotted time.

Eighty-three individuals registered their attendance at the meeting. Staff from the Arizona State Board of Physical Therapy and the Arizona Board of Acupuncture Examiners also attended. Thirty-two individuals spoke during the meeting.

The Board also asked for individuals to provide comments by mail and e-mail.

The following is a summary of the public input the Board has received regarding the use of dry needling by physical therapists since the April 1st summary report was issued. This report includes a summary of the comments taken at the April 18th public meeting and the actual comments that were submitted to the Board since April 1st (personal contact information has been redacted when possible).

## **Arizona State Board of Physical Therapy Public Meeting on the Use of Dry Needling**

**PURPOSE:** The Arizona State Board of Physical Therapy is seeking information and comments from the public on the use of dry needling by licensed physical therapists.

**DATE:** Thursday, April 18<sup>th</sup>, 2013  
5:30 p.m. to 7:00 p.m.

**LOCATION:** Northern Arizona University, Flagstaff  
Health Professions Building #66 (see map)  
First floor, Room 101

**PARKING:** Parking is available in lots #46 and #48A (see map). Parking permits are required and will be available at registration. *Please allow time to retrieve the parking permit and to place it in your car.*

**RSVP:** To ensure we have adequate space, please RSVP to  
[Brandy@GoodmanSchwartz.com](mailto:Brandy@GoodmanSchwartz.com)

Please include your name, contact information and the organization you represent (if applicable) and whether you plan to speak.

**PUBLIC COMMENTS:** Comments and questions will be taken throughout the meeting. To provide all individuals who wish to speak the opportunity to do so, speaking time may be limited depending on the number of attendees.

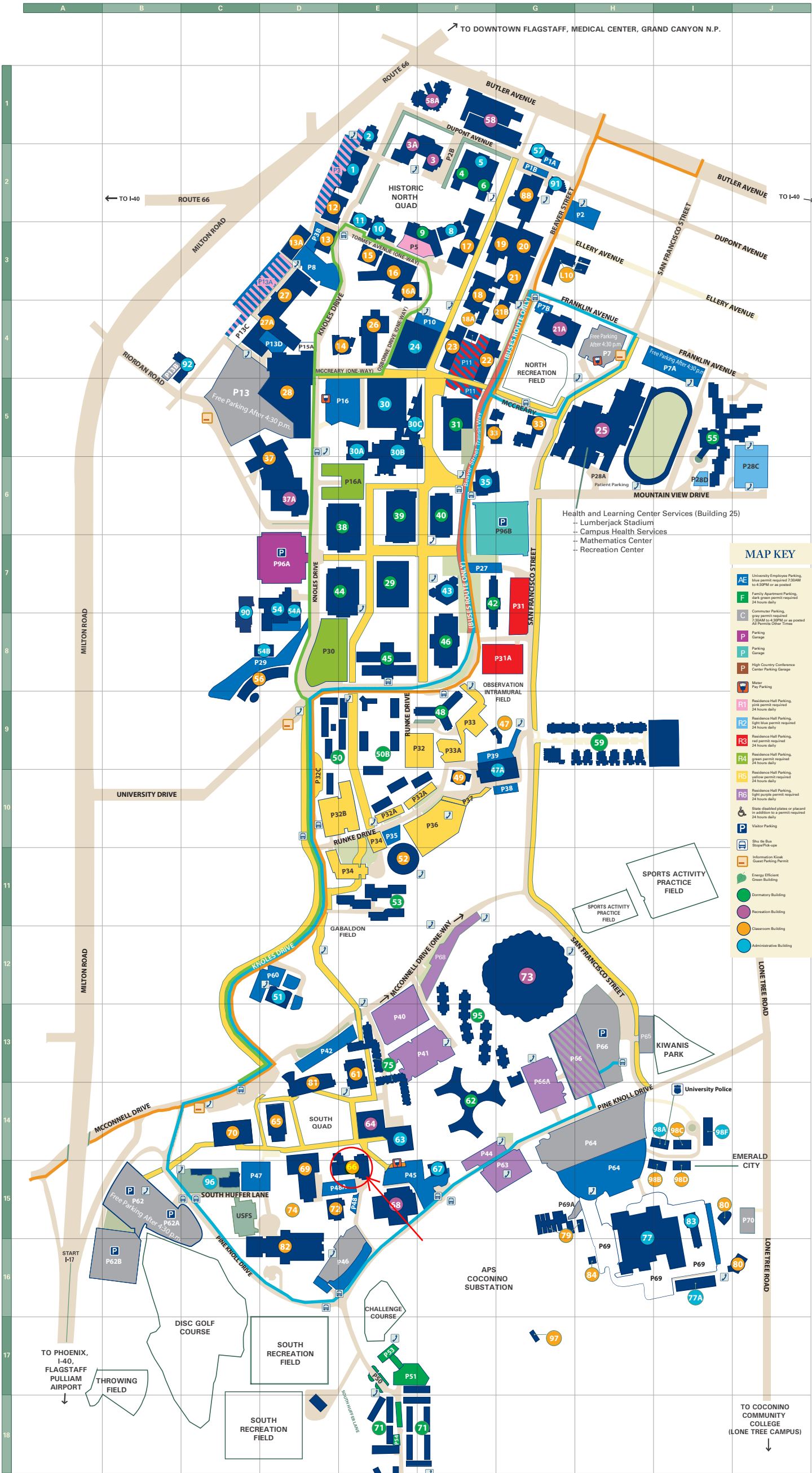
Comments may also be submitted by:

- E-MAIL: [Brandy@GoodmanSchwartz.com](mailto:Brandy@GoodmanSchwartz.com)  
Subject Line: Public Comments on Dry Needling
- MAIL: Arizona State Board of Physical Therapy  
ATTN: Public Comments on Dry Needling  
4205 North 7th Avenue, Suite 208  
Phoenix, AZ 85013

Public comments may be submitted through Friday, May 3rd, 2013.



NUMERICAL LISTINGS		
BLDG #	NAME	LOCATION
1	Gammage	2-E
2	Blome	1-E
3	North Union/1899 Bar & Grill	2-F
3A	Prochnow Auditorium	2-E
4	Morton Hall	2-F
5	Residence Life Offices (North Hall)	2-F
6	Campbell Hall	2-F
8	Bury	3-F
9	Taylor Hall	3-F
10	Old Main	3-E
11	Ashurst	3-E
12	Geology	3-D
13	Geology Annex	3-D
13A	Roseberry Apartments	3-D
14	Native American Cultural Center	4-E
15	Riles	3-E
16	Communications	3-E
16A	Extended Campuses	3-E
17	Science Lab Facility	3-F
18	Liberal Arts	3-F
18A	Biology Greenhouse	4-F
19	Physical Sciences	3-G
20	Chemistry	3-G
21	Biological Sciences	3-G
21A	Wall Aquatic Center	4-G
21B	Biological Sciences Annex	4-G
22	Peterson	4-F
23	Babbitt Academic Annex	4-F
23A	Academic Annex	4-F
24	North Heating and Cooling Plant	4-E
25	Health and Learning Center	5-H
26	Adel Mathematics	4-E
27	Eastburn Education	3-D
27A	Institute for Human Development	4-C
28	Cline Library	5-D
29	Aspen Crossing Learning Community	7-E
30	Fieldhouse	5-E
30A	University Union - Student Services	5-E
30B	University Union - Dining Services	5-E/5-F
30C	University Union - Food Court	5-F
31	Gillenwater Hall	5-F
33	HRM - Eugene M. Hughes	5-F/5-G
35	Bookstore	6-F
37	Performing and Fine Arts	6-D
37A	Ardrey Auditorium	6-D
38	Cowden Learning Community	6-E
39	Raymond Hall	6-E
40	McDonald Hall	6-F
42	Sechrist (Campus Tours/Admissions)	7-G
43	Gateway Student Success Center	7-F
44	Tinsley Hall	7-E
45	Wilson Hall	8-E
46	Allen Hall	8-F
47	Observatory/Lutz Telescope	9-G
47A	ROTC	10-G
48	Reilly Hall	9-F
49	Anthropology Laboratory	10-F
50	Campus Heights Apartments	9-D
50B	McKay Village	9-E
51	Babbitt Administrative Center	12-D
52	Bilby Research Center	11-F
53	Gabaldon Hall	11-E
54	Information Systems	7-D
54A	Information Systems	7-D
54B	Information Systems Annex	8-C
55	Mountain View Hall	5-J
56	Applied Research and Development	8-D
57	Printing Services	2-G
58	High Country Conference Center	1-G
58A	Drury Inn	1-F
59	Hilltop Townhomes	9-H
61	Learning Resource Center	13-E
62	McConnell Hall	14-F
63	South Dining	14-E
64	du Bois Center	14-E
65	SBS - Raul H. Castro	14-D
66	Health Professions	15-E
67	South Heating and Cooling Plant	15-F
68	Rolle Activity Center	15-E
69	Engineering and Natural Sciences	15-D
70	Social and Behavioral Sci. - West	14-C
71	South Family Apartments	18-E
72	Nursing	15-E
73	Walkup Skydome	12-G
74	Renewable Energy Test Facility	15-D
75	The Suites	13-E
77	Facility Services	16-I
77A	Facility Services Annex	16-I
79	Greenhouse Complex	15-G
80	Ceramics Complex	16-J
81	W. A. Franke College of Business	13-D
82	Southwest Forest Science Complex	16-D
83	KNAU/Shuttle Services	15-J
84	Sculpture Studio	16-H
88	Wettaw	2-G
90	University Services	7-D
91	Centennial	2-G
92	Ponderosa	4-C/4-B
95	Pine Ridge Village	13-F
96	Huffer Lane	15-C
96A	Knoles Drive Parking Structure	7-D
96B	San Francisco Street Parking Structure	6-G
97	Waste Water Training Facility	17-G
98A	University Police	14-I
98B	Purchasing	14-I
98C	Engineering Projects	14-I
98D	Anthropology	15-I
98F	Residence Life Support Services Wh.	14-I
L10	South Beaver School	3-G



**Summary of Public Comments Taken  
During April 18th Public Meeting**



**Arizona Board of Physical Therapy**  
**Public Meeting on the Use of Dry Needling**  
**by Licensed Physical Therapists**

**Thursday, April 18, 2013**  
**Flagstaff, Arizona**

The public meeting was called to order at 5:30 p.m. Charles Brown, Executive Director of the Arizona Board of Physical Therapy (Board), provided background for attendees and discussed the process of the meeting. Due to the number of individuals wishing to speak, speakers were limited to three minutes each.

Mr. Brown discussed the reason that the Board asked for the public meeting to take place and discussed the process after the information from the public meetings are collected and analyzed. Mr. Brown also explained that testimony taken from the public meeting will be summarized and asked that if individuals would like their comments included verbatim, to please submit their testimony so that it can be included in its entirety.

Mr. Brown discussed that staff from the Board will be working with Acupuncture Board staff and with professionals to review all the information submitted and then the Board will review.

**Barcley Coggin**

Mr. Coggin identified himself as a physical therapist (PT). He stated he practiced for 18 years in California and two years in Arizona. He has taken five years of college and 18 weeks of internships. He commented that when it came time to take his examination, he felt almost ready for his exam and that was it. Mr. Coggin took 7 continuing education courses in his first year, stating he didn't know what he was doing. Mr. Coggin asked how someone would feel if you were treated by an acupuncturist with 15 hours of training. He does not understand why physical therapists feel competent in needling. He stated it is a really complicated thing with varied results when you stick a needle in a person. He stated he used to do trigger point with his finger.

**Kayo Malik**

Ms. Malik identified herself as an acupuncturist with her masters. She read from a fact sheet from the National Certification Commission for Acupuncture and Oriental Medicine (NCCAOM) on what is dry needling. Reading from the fact sheet, she stated that dry needling is a form of acupuncture. Ms. Malik discussed NCCAOM and its mission and entry level certification. She commented that the NCCAOM national examinations are accepted in 43 of 44 states that license acupuncturists. Acupuncturists receive training of more than 1,000 hours which includes dry needling. Ms. Malik continued to read the requirements for acupuncturists to practice dry needling. She commented that clinical

training and biomedicine include separate examinations. Ms. Malik commented that physical therapists do not have the education for dry needling; there is no accredited program. She stated that physical therapists received short CE workshops with no known examinations that test competency for physical therapists that have been statistically verified. Lastly, she commented on a Michael J. Schroeder letter submitted to the American Association of Acupuncture and Oriental Medicine regarding malpractice for physical therapists that discusses revocation of malpractice coverage due to risk of public endangerment by physical therapists performing a procedure they have no training in.

### **Adam DaVirro**

Mr. DaVirro also addressed a fact sheet from NCCAOM that discussed what is acupuncture and dry needling, stating dry needling is a term that has been part of acupuncture and utilized for thousand of years. Mr. DaVirro stated these trigger points coincide with acupuncture points. He commented on a study from the Coalition of Safe Acupuncture Practice. He commented that the first part of study found a 93.3% anatomical correlation between the points. In the second part of the study regarding clinical treatment, a 97% correlation was found. And, up to 91% referred pain patterns to meridians. He stated these points most likely represent the same thing - trigger points are almost all acupuncture points and those that are not on meridian are then on oshai points.

### **Beverly Coleman**

Ms. Coleman stated she has been practicing over 30 years in acupuncture and herbs. She described a quick story regarding a kung fu person that learned about kill points from their master and learned that kill points are also healing points depending on how you do them. The safety of the kill points was really big. Ms. Coleman wanted to heal not kill so she went to acupuncture college. Ms. Coleman discussed Janet Travell's myofascial pain trigger points. Ms. Coleman stated that in the 1<sup>st</sup> year you study points and that she learned how to do dry needling but that it was not called that. She commented that the earliest training dates back in the 80's and that dry needling belongs to the earliest form of acupuncture. Ms. Coleman also commented on Dr. Shu, one of the finest acupuncturists in the world that is recognized for stroke and Parkinson's work, curing Parkinson's and reversing ALS with correct needling insertion.

### **Stephanie Selman**

Ms. Selman identified herself as a licensed acupuncturist since 1994. She commented that dry needling is detrimental to the relationship between physical therapists and acupuncturists. She thinks that referrals have changed and that it has hurt friendships and relationships. She commented that she thought dry needling had been added to the practice act, but learned today that it was not. She stated there is no professional acupuncture association that supports dry needling by physical therapists. Ms. Selman pointed out that the Board has been presented with information that shows acupuncture and dry needling are the same and asked the Board to not ignore that; she stated there

is a lot of information. Ms. Selman talked about physical therapists may not even know side effects are the same from the treatment given and that it is often luck on dry needling that they did not get a contraindication. She talked about a hypothetical situation in which you may have a patient that feels better but had insomnia and a physical therapist would not know it was related to the dry needling treatment. She stated she has an uncomfortable feeling this comes down to a billing issue. Ms. Selman commented that she knows physical therapists value acupuncture and understand it and if acupuncture were an available service this would not be happening. She would like the two professions to work together and to get acupuncture covered by insurance so that patients can benefit much more.

### **Ahna Bridenbaugh**

Ms. Bridenbaugh identified herself as a licensed acupuncturist from Sedona with 14 years of experience. Ms. Bridenbaugh noted that physical therapists and acupuncturists work well together and is sad this is happening. She stated that if physical therapists are just throwing dry needling in at the end of the treatment then they are not giving patients what they need. It takes years and years to understand. She commented that there is a 10-year program in other areas for a masters in acupuncture and that in the United States we only have one year masters. She stated the acupuncture needle is federally regulated as a class 2 surgical device; this means that needles are only to be sold to licensed acupuncturists and purchase by a physical therapist is breaking the law. Ms. Bridenbaugh stated that needling is puncture of the human skin and is surgical so it is medicine. Ms. Bridenbaugh believes that current educational standards need to be met. She stated that acupuncturists study western medicine, anatomy, chemistry, biomedicine and then they learn eastern medicine as well; they are passionate about what they are learning. Ms. Bridenbaugh discussed an example from Maryland: a young woman had severe pain and infection at the source of the needle from dry needling. She was unable to work. She asked that they respect each other and get acupuncture covered so they can work side by side.

### **Pam Wallack**

Ms. Wallack has been practicing acupuncture for almost 20 years and prior to that was an RN for 26 years and an LPN before then. She believes in strong education. She is a teacher of education in herbal medicine and has been teaching for 17 years. Because of this background she believes she is qualified to talk about the education of dry needling. She stated it is shameful that dry needling is happening and it is harmful. She is concerned that a profession of 2,000 years can be harmed this way and thought of this way - that a weekend course could cover something that has so much history. She stated there is a 4-year program with 1,000 hours of clinic for their students. She asked that the Board understand the difference of how much time physical therapists are getting to practice this beautiful medicine. She asked how physical therapists would feel if she took a weekend course and then practiced in their field. She stated that if you want to treat pain at Flagstaff Medical, then they should hire licensed acupuncturists. She commented that they want to work with physical therapists – they are good at what they do and acupuncturists are good at what they do.

### **Jennifer Rockrich**

Ms. Rockrich has been a licensed acupuncturist since 1999 and graduated from NAU in 1995 with an exercise science degree. She stated when you get out into the field, you only begin learning; you are terrified when you start and you certainly do not know it all. Ms. Rockrich said that in 13 years of practice she always has a Plan A, B and C. She knows how to insert, knows the depth and knows the different techniques/tricks up her sleeve and knows why they work or do not work for a certain patient. She is not sure that physical therapists can say that. She believes that physical therapists are misrepresenting themselves when they pull out an acupuncture needle. Ms. Rockrich stated that acupuncturists have had the same battle with MDs and chiropractors and that they are really standing up for themselves now.

### **Cliff Thompson**

Mr. Thompson identified himself as a licensed acupuncturist. He stated he strongly opposes physical therapists practicing acupuncture in any name. Mr. Thompson has a unique experience of working on ocean cruise-liners. He stated that he has spoken to thousands of people and their negative experiences were from physical therapists, MDs, and chiropractors, not acupuncturists. Mr. Thompson gave an example of a patient with chronic headaches. The patient was told by a physical therapist after 3 treatments this will not work for you for a chronic degenerative issue. They don't know that it takes a sequence. He stated that the physical therapy statutes need to refer to what is appropriate for a physical therapist. He commented on a chiropractic example that dealt with pain management. He asked that the Board ponder the bigger picture to expand the scope of practice of physical therapists.

### **Janina Marchbanks**

Ms. Marchbanks stated she is a Flagstaff Medical Center patient that has received dry needling. She said she is speaking from the heart. Ms. Marchbanks described a car accident from last year in which she suffered whiplash. The physical therapist at Flagstaff Medical asked to do dry needling on her. She stated that after the third day she was able to go 6 days pain free in her back. This year she had a fall. She stated the lymphedema was controlled with dry needling as well. She stated she did not have any adverse reactions. Her body has responded very well to it and would do it again. Ms. Marchbanks has told others that it has been positive.

### **Kathy Walsh**

Ms. Walsh spoke as a consumer. She stated she did seek acupuncture treatment for headaches 25 years ago. She stated that MDs only prescribed drugs and was not satisfied. An acupuncturist was able to help. She commented that she also found good massage therapy for a year that got rid of headaches. She was then in a car accident and went to physical therapy. In the course of treatment, they have done many things,

including dry needling. She asked at one point if it was like acupuncture. She was told no. She commented that she thinks acupuncturists and physical therapists want to work together but they are not sure how to do that. She asked her insurance company if they would cover acupuncture and they said no it would not be covered in California. Ms. Walsh stated that all the other education that a physical therapist has should count as well; it is not just the weekend course that they are relying on. She asked why acupuncturists do not just focus on the insurance company. She concluded by saying she knows the difference when she needs physical therapy, acupuncture and chiropractic care.

### **Lori Pearlmutter**

Ms. Pearlmutter is the Therapy Services Director at Flagstaff Medical Center (FMC). Ms. Pearlmutter talked about being embroiled in battles with the hospitals but that it is really about the patient and asked the group to work together. She stated that FMC cannot charge for dry needling and that they are not charging; they provide dry needling without a charge. She commented that as a director that is hard. Ms. Pearlmutter talked about a study of over 7,600 people who received dry needling. Only 0.04% saw adverse effects and compared this to the adverse effects of ibuprofen, which is higher. She asked why dry needling results are not a positive sign in physical therapy if it is a positive sign in acupuncture. She stated they are very different sciences; acupuncturists do not know about nerves, for example. Ms. Pearlmutter does not talk about meridians. She believes acupuncturists need to be in hospitals. She stated she has recommended patients to acupuncturists and asked if acupuncturists have referred as well.

### **Raymond “Sig” Hauer**

Mr. Hauer has been practicing acupuncture for 16 years. He stated he had 2,500 hours when he graduated. He cannot remember specifics about clinic but had a lot of practice exposure before they even started sticking needles into people. He commented that they are all in this together; it is not physical therapists against acupuncturists. He continued this is about public safety and ensuring proper treatment whether it is either one. He stated that trigger point dry needling points are oshai points. He talked about Dr. Janet Travell's 1983 trigger point manual. Of the points listed, 234 are acupuncture points. He stated that some folks describe dry needling as acupuncture. He commented on books and reports where dry needling was described as acupuncture. There is a 1976 journal of western medical movement that described acupuncture as dry needling and there is literature that shows it is synonymous. He stated again that it is a public safety issue and the tendency has been to increase education not to water it down.

### **Sarah Hauer**

Ms. Hauer is a licensed acupuncturist. She stated she has always referred back and forth with physical therapists. Ms. Hauer has a master of sciences in oriental medicine, has national accreditation and is a diplomat of oriental medicine. She discussed an

American Association of Acupuncture and Oriental Medicine summary statement from a blue ribbon panel which determined dry needling or any other designation with a needle being inserted is, by definition, acupuncture. She stated that Hawaiian physical therapists cannot “puncture the skin”. Referring back to the AAAOM summary statement, there are concerns that there are no standards of education to ensure safe and effective ability to provide dry needling. In many states the physical therapy boards are determining and subverting legislative bodies. She stated the standards in training of acupuncturists provide safe and effective practices. Dry needling is confusing to the public and the lack of meaningful education is an endangerment to public welfare. She stated that they have been investigated by medical malpractice and stated legislators should look into the scope of practice expansion issues.

### **Greg McGary**

Mr. McGary identified himself as a nonhealthcare professional who has received acupuncture. He stated he is outraged at physical therapists providing services without Board certification. He stated that as a community member this seems ludicrous. Mr. McGary believes that physical therapists should refer the patient and so should acupuncturists. Physical therapists performing without proper training are poor representation of the modality and medicine. By extension, the lack of knowledge diminishes the impact of oriental medicine, diluting and undermining standards. Needles are a class 2 surgical device and it is against the law for it to be purchased by a non-licensed person. He believes the scope of practice for a physical therapist does not include puncture of skin. He commented that the physical therapy boards test techniques. He discussed a few examples commenting that saying something like “if I do not know there is a meridian then I cannot be doing acupuncture” is like saying “if don’t know about an artery or nerve than it cannot be affected.” Mr. McGary stated that the state Board is there to ensure public safety and not to circumvent the legislative sunrise expansion process. He closed by stating that major companies finance the classes and the financial gain is to the motive and not patient safety.

### **Kristin McGary**

Ms. McGary is a holistic healthcare provider and acupuncturist. She is a diplomat in oriental medicine. She stated that acupuncture is a technique and that the National Institute of Health has recognized the efficacy of acupuncture in a statement. She stated that physical therapists also see its efficacy and are trying to do it under a different name. To ensure public safety and effectiveness, acupuncturists have 1000s of hours of training. Ms. McGary discussed a study done that looked at the correlation between trigger points and acupuncture points that found 93.3% of the points are related. She discussed the anatomical correspondence noted in the study that showed dry needling is acupuncture. Ms. McGary stated that without proper training, dry needling is placing the public at risk. The World Health Organization has stated it is a derivative of acupuncture; not a new technique. Ms. McGary discussed scenarios in which the angle of the needle, depth or the vigor used could cause contraindications including what could happen to a pregnant woman with a trigger point that is contraindicated. The inappropriate use of the needle could cause loss of the pregnancy

or cause the woman to go into labor early. She asked that physical therapy honor their profession and they will honor the physical therapy profession.

### **Jill Deder**

Ms. Deder is an acupuncturist in Flagstaff. She stated they should be referring both ways and honor each other, not slam each other. Many patients believe it is covered by medical insurance but there is no billing code for dry needling. She stated it is misleading to use other codes like trigger point injections and manual therapy. The most fitting would be acupuncture codes but that would be an admission of acupuncture. She stated that physical therapists do not have enough education to know they are wrong and the current training for dry needling is not enough. Ms. Deder believes performing it for free is a smoke screen because all billing options lead to fraud.

### **Marcey Rosin**

Kristin McGary read a letter from Marcy Rosin who could not attend the meeting. (The letter is included in the comments section of this report).

### **James Wagner**

Mr. Wagner discussed his experience in China and the amount of education that acupuncturists receive there. He also discussed kung fu techniques that he learned about. He stated that many of the doctors were also masters in tai chi and/or kung fu. He discussed kill points that can be turned around to save people's lives. Mr. Wagner stated that half of these points are not on the acupuncture model. He commented that when you throw needles in a person, there are points that will activate biological issues throughout. He discussed points that have been seen and used in the movies, like in *Kill Bill*, that are real points that can cause paralysis, for example. Mr. Wagner commented that you may not know the cause and effect and they may not be in books, but the points do have effects.

### **Jessica Jordan**

Ms. Jordan stated she has worked with a lot of physical therapists and that they value each other. She has three graduate degrees and a huge love and passion for oriental medicine. She stated that manual therapy is just that – not with a needle. Ms. Jordan commented that the Board is there to protect the public and that dry needling is not included in the current scope of physical therapists. She discussed a case in Colorado in which a patient had a pneumothorax because the physical therapist did not know what they were doing. She stated that when it comes to doing studies they have not been well established because physical therapists do not know what they are looking for because they are not well trained and would not know that in 3 or 4 years a needle in gallbladder 20 could have given a woman fibroids. She stated that physical therapy billing for dry needling is fraud – they cannot bill for it. The primary goal and reason for



any board is to protect the public and they should have the profession work together on this issue.

### **Jaclyn Pryor**

Ms. Pryor has been a patient of acupuncture for the last 3 years in New York, Massachusetts, and Texas. She has had acupuncture treatments about once a week for the last three years. Ms. Pryor had to be hospitalized several times and each time she called acupuncturists. She stated she has a team of 10 health care providers. She values acupuncture because it works and doesn't understand it but knows that it works. She believes that physical therapists are working outside their scope stating you would not ask a surgeon to give chiropractic adjustment or a dentist to do an organ transplant. Dry needling is within the scope of someone else's practice. She commented that it harms the field of acupuncture as well and that it is misleading. She is a professor at NAU but is speaking for herself. She values her work and would not try to teach outside her field because there are other people teaching those subjects quite well. Beyond the importance of treating people, she believes the underlying issue is the need for acupuncture to be covered by insurance.

### **Jeannette Campbell**

Ms. Campbell discussed an report of the NCCAOM's legal counsel for malpractice. In this report, the author stated they would revoke malpractice coverage from physical therapists due to risk of public endangerment doing dry needling and the lack of adequate training. She stated it is an issue of public safety. Ms. Campbell begged the Board to listen to the professionals who are experienced in needling. She found it interesting that the hospital is doing dry needling and cannot bill for it. She commented on an ad for Flagstaff Medical Center and dry needling which shows a picture and it looks like they are doing acupuncture.

### **Dixie Callan**

Ms. Callan identified herself has a licensed Arizona physical therapist. She has been practicing dry needling since February 2012. She described her education including a BS in physiology, which included coursework in biochemistry and endocrinology. Her physical therapy doctorate from Creighton in Omaha included neuro anatomy. She received training in placing needles for EMG studies and has training in wound care with a scalpel, scissors and tweezers. She stated her training from Kinetacore was on top of the education she already had. She commented that physical therapists are in operating rooms to place wound vacs. She stated she was trained and tested for dry needling. She stated she does not bill for dry needling; it is a manual adjunct to her treatment.

### **Cynthia Hull**

Ms. Hull is a licensed acupuncturist with 21 years of experience. She stated she is currently seeing a physical therapist that is doing drying needling at Flagstaff Medical Center. Ms. Hull did let her do dry needling on her and it was extremely painful. Ms.

Hull stated she ended up with a terrible headache and it is still painful. She believes it is not as beneficial as receiving treatment from a trained acupuncturist. She believes that, by accident, some people are going to benefit from dry needling but she does not think it is anything like they would get from a licensed acupuncturist.

### **Wayne Koch**

Mr. Koch gave numerous hypothetical examples of other professionals doing work outside of their scope and wondered if you would want them working on you. He asked what patient wouldn't agree if it was covered by insurance but the patient would not understand the physical therapist does not have the education. He stated that as someone who values the knowledge of a traditional Chinese medicine practitioner he is asking the Board to think twice before belittling the highly trained acupuncturist.

### **Jean Painter**

Ms. Painter is Board certified in oriental medicine, herbology and acupuncture and has a private practice in Prescott. She stated that in Arizona other medical providers like MDs, DOs and naturopaths need at least 100 hours of acupuncture training to perform acupuncture. She stated that if they are required to have 100 hours why would physical therapists only be required to have 15 hours. She commented on integrated medical practices that have lots of referrals from western providers; they know they are not experts and they want what is best for their patients. She wondered about someone's integrity and capability that would practice with so little training. She would never presume to practice outside her scope and cannot imagine others doing that.

### **Milton Q. Liu**

Mr. Liu is an acupuncturist from Phoenix. He stated that MDs and DOs can do acupuncture. He stated that this issue is about what is good for the patient and what is healthy. He commented that he knows physical therapists have qualifications for physical therapy and not for acupuncture. He talked about his training and that he has training for acupuncture and that physical therapists only have education for physical therapy.

### **Banya Lim**

Ms. Lim is a licensed acupuncturist. She stated she was initially upset about the 17 hours of training in dry needling. She stated that they are really trying to help people and alleviate pain from illness. She commented that all hearts are in the same place and that all need education. She talked about her mom and the education that her mom and grandmother had as practitioners of acupuncture and this 5,000-year-old history. They both taught her that it takes a lifetime to learn it. The chi, or energy, the meridian system and the energy field that is being tapped into all take time to learn. She stated that martial arts helped her to understand energy and that it has not taken 17 hours not even

100 and not even 1,000 hours – it takes a lifetime of continuous learning – to understand. She stated that her wish is that we honor the 5,000 year old art with respect and the proper training and education.

### **Yim Chen**

Mr. Chen is a Chinese medical acupuncturist; a Chinese American. He showed an example of an acupuncture needle and asked if it dry. He commented that of course it is dry. He stated if you put a needle in skin that is acupuncture. He commented that if he were to put it in water it is now a wet needle. He stated that black is black and white is white. He asked all acupuncturists in the room to stand. He stated that you couldn't say a needle is a needle and a dry needle is not acupuncture. He discussed the 1,850 hours of education in Arizona along with the clinical education and other requirements. In China, he said, acupuncture students go to hospitals and still cannot pick up a needle. He stated they need more hours here; that there are not enough education hours required in Arizona. He talked about getting permission from his master; that a student needs respect before they can needle. He stated that dry needling is an insult to Chinese medicine, a 5,000-year medicine, and an insult to his family and all like him in America. He closed by stating the Board is liable if they kill someone with a needle.

### **Annie Porter**

Ms. Porter is a licensed acupuncturist from Scottsdale. She stated that dry needling by any name is acupuncture. She stated that patient safety is in danger. Ms. Porter discussed the education of an acupuncturist and that they receive 3,000 hours and a 4 year degree. They have clinicals at 1,000 hours. They also received management and training in issues and negative outcomes like headaches, spike in blood pressure, bleeding, bruising, proper needling techniques, compromised immune systems, and pregnancy. They learn about the proper depths of using a needling. She stated the public is unaware of the amount of training. Ms. Porter talked about medical malpractice not covering a physical therapist doing dry needling and asked who is liable. She stated dry needling is a public health hazard.

### **Jay McCallom**

Mr. McCallom has been a physical therapist since 1996 and does not do dry needling. He has more than 15 hours of education, many years of education and training. He understands the concerns about risks but they are not documented in literature. He asked if a surgeon works around meridians, are those risks documented in literature? He commented that sometimes patients get worse no matter what you do. He stated that you need literature; that any evidence cannot just be patient stories. Mr. McCallom talked about the attempt to limit the scope of physical therapists reminding him of chiropractors trying to limit the physical therapy scope. He stated that his decisions and analysis are based on a physical therapy evaluation based on his training and background. Dry needling is the application of intramuscular needle that is based on a physical therapy approach. He stated they share a tool. Medical care and good care begin to converge.

**Whitney Fessler**

Ms. Fessler is a licensed acupuncturist. She stated that she has veterinary training from one of the best schools but as a licensed acupuncturist she is not allowed to perform acupuncture on animals because she is not a veterinarian.

Mr. Brown thanked everyone for their attendance and participation stating that their information was very important to the Board. He stated there is no decision on how this process will end. As he stated at the beginning of the meeting, there is no date set for any action but stated the next step is for the staff of the Physical Therapy Board and the Acupuncture Board to begin working together on the information that has been collected. Mr. Brown let the participants know that there will be an agenda item on the Physical Therapy Board's next agenda. This is for the Board to reaffirm the process it wishes staff to take.

Mr. Brown took questions from the audience. He was asked about whom the Board reports to. He described the appointment process of the Board members. Mr. Brown was asked about the laws the Board follows and stated that the Legislature makes the law and the Board interprets and follows them. Mr. Brown was asked about the funding for the Board. He described how licensing fees of physical therapists are used to fund the Board operations and that 90% of those monies go into the Board's fund and that the remaining 10% goes to the state General Fund, like other regulatory boards.

The meeting adjourned at 7:44pm

# **Public Comments Received by the Arizona State Board of Physical Therapy**

**(Comments received from April 1, 2013  
through May 3, 2013)**

I am writing this letter as a living example of how dry needling has literally changed my life. Without being referred to Dixie Callan and her dry needling services, I would still be suffering from daily tension headaches. Here is my story:

The first time I had a migraine headache I was a senior in high school. That was 14 years ago. At first it was a mix of migraines and what I would consider more “manageable” headaches. This spanned about 4 years or so of having a headache maybe 2-3 times per week (I could manage these with over-the-counter medicine) and a migraine roughly once a month. After I was out of college, the headaches began to increase to 4-5 days per week and I had more of what my doctor called cluster migraines. At that time (and I still am an advocate for this) I did not want to take daily medication for this. I am a healthy, young person. I was a student-athlete in college and continued to run almost daily and maintain an active and healthy lifestyle. I was just burdened by these headaches and frustrated that I couldn’t figure out the source.

Fast-forward to only a few years ago. By now I was lucky to get 1-2 days per month free of a headache. I had yet to seek out any kind of specialized help because my busy work life just didn’t allow for that. My husband, daughter and I moved to Flagstaff last year. We were seeking a change of scenery, a slower pace of life (and work life) and for the most part, we found it! The trouble was that I was still having daily headaches, with the migraines coming at least twice (if not more) a month.

My first step was to meet with a Naturopathic Doctor. She is helping me get a better handle on the migraines. We’re currently in the process of doing an in-depth hormone panel, but the migraines overall have subsided. The problem then, was that I was still getting daily headaches. I knew these seemed more tension related, but just didn’t know what to do. A local massage therapist in town (Stephanie Del Giorgio) that I see on occasion recommended I see a chiropractor because she said my entire upper body (shoulders, neck, etc) was so tight it wouldn’t give in to any of her therapies. So off I went to Munderloh Chiropractic. There, I worked with Dr. AJ Gregg and after just two sessions I believe, he referred me to Dixie Callan to have her try dry needling. It only took a couple sessions before I was seeing the difference. I remember the second week going in to see Dixie and telling her for the first time in a very, very long time, I didn’t have a headache for two consecutive days. That was a major breakthrough for me! While I’m still working with Dixie I can say that over these last six weeks, I am down to maybe 2 tension headaches per week and all are far more manageable than they ever have been. Without the guidance of my massage therapist, then chiropractor to get me to Dixie, I would still be suffering daily. Instead, I am able to enjoy life more easily and chase around my 2 year old without a throbbing headache everyday!

I fully support Physical Therapists being able to utilize dry needling to enhance the services they already provide their patients to get them back to the lifestyle they deserve.

Thank-you for your time and for listening to my story.

Jen Rosario  
Flagstaff, AZ





## John Hanson, Licensed Acupuncturist

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April 26, 2013

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To Whom It May Concern,

I am writing regarding the recent conversations of Dry Needling, and the potential to have PT's performing this procedure.

I have been a Licensed Acupuncturist for nearly twenty five years, have been an acupuncture instructor for six years, and have eight year experience prior to becoming an acupuncturist in the technology sector in business strategy and development (MBA). I think the dry needling discussion has ramifications that affect public safety and public confusion.

- 1) The advantage to public health by allowing PT's to perform dry needling is greater access to this form of medicine. It may improve patient response to PT techniques in some cases. Because there are far fewer acupuncturists around, there may be a greater chance of a patient finding a "needling" closer to home. So, convenient access might be enhanced. However, most acupuncturists I know are significantly underemployed and underutilized, so I'm not sure there is necessarily a "shortage" of qualified needling experts – just a bit spread out.
- 2) The disadvantages are the various dangers associated with professionals utilizing a medical system without adequate, in depth training. In a letter dated 7/20/12 letter by John Baker - a P.T. spokesperson in Maryland stated that "Dry Needling is not based on eastern medicine principles used in acupuncture". He thus reasons that P.T.training does not have to match, exceed, or look like that found in acupuncture schools. In essence, because they don't see the human body in the same way, they "don't need the same level of training to insert a sliver of stainless steel into someone's body. **The point being missed is that the human body doesn't care what your training is, it will respond to a needling based upon the insertion location, sequence, depth, stimulation, and receptivity of the body. That is the design of the human body.** It will respond. It doesn't matter if you are an acupuncturist or a PT dry needler.



- 3) To a hammer, the world looks like a nail. This PT spokesman implies that human body is a series of bones, joints, muscle origins / insertions with related organs supplying sustenance and that the P.T. would merely “stimulate” the muscle insertion areas, knotted areas, etc. This ignores the myriad of other structures that will respond to that needling of the muscle. That simple action to release a muscle knot can trigger changes in hormone levels (whether you’re trained in that or not). It can affect the bodies neurological sequencing and sensitivity (whether you’re trained in that or not). It can affect a pregnant woman’s ability to carry her fetus to term (whether you’re trained in that or not). It can affect digestion and elimination (whether you’re trained in that or not). That is the design of the human body. Simply because you don’t want to understand the complexities of interactions and interrelationships within the human body functioning doesn’t mean they don’t exist – and you won’t stumble into them.
- 4) The three thousand year old protocols developed in Chinese Medicine are currently the safest procedures, time tested over many generations – with refinements, experiments, failures added along the way. It is the most comprehensive understanding of how the human body responds to precise needle stimulation.
- The efficacy and safety of this needling style is, in large part, the refinement of the diagnostic tools handed down to the practitioners of Chinese Medicine. That is how they may ply their craft with very high rates of patient satisfaction and safety. Again , the degree on the practitioner’s door (Lic. Ac. Versus P.T) doesn’t concern the body. It will respond based upon the needle location, sequence, depth, etc.

A colleague of mine had a patient being treated for tight neck and shoulders/spasms in the trapezius muscle. Looking at the most effective way to relieve muscle tension, he utilized a common series of acupoints along her trapezius and upper back- fairly common points.. What he missed was in his excitement to treat her from a purely “western” way (needle the physical underlying muscle – go for the muscle knots) – he disregarded her pulses, (which implied a deficient blood condition), and that fact that she had just begun her menstrual period. From an acupuncture point of view, needling the muscle in and around the spasm, was not a good idea and would be too “moving” or aggressive for a blood deficient patient. From a Western perspective, and looking at the body in a purely physical way, needling the areas around a spasm is warranted and would be a common protocol.

The result: the patient felt “funny” after a couple of minutes with needles placed along her spasmed trapezius muscles. She turned pale and weak, and wanted to lie down. My colleague quickly removed the needles and let her lie flat. The patient’s eyes rolled

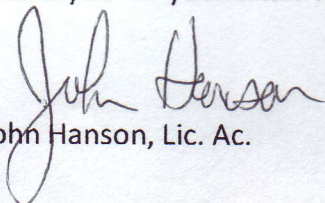


up, and she collapsed motionless on his table. She had stopped breathing, and had no pulse. My colleague (who is an MD, and fully trained 3 years in acupuncture school) tried various pulse positions – still no pulse and no respiration. He dialed 911 and then began CPR. He had a dead patient on his table.

The body doesn't care who does the needling, but is sensitive to the complex interactions triggered by the precise needling. If you are going to "dry needle" a human body –you need to look at the complex interactions that will or could occur. These are best found in thousands of years of historical data in acupuncture texts. You need to well versed in assessing the bodies "energetic" state, biochemical state, emotional state – before dry needling. This requires hundred, if not thousands of hours of refinement.

- 5) The PT training of physical structures, origins and insertions of muscles, etc. is quite strong. I have referred many of my patients to local PT's to utilize their skill and talent. This body mechanics/musculoskeletal knowledge is superior to that in most acupuncture schools. The body is more complex than that, however, and the act of needling will activate these other mechanisms whether you are aware of them or not, and whether you are trained in them or not. So get trained in them.

Thank you for your time. And by the way, my colleague's CPR was successful.

  
John Hanson, Lic. Ac.





Public Protection Through Quality Credentials

## **NCCAOM Fact Sheet on Dry Needling**

### ***What is Dry Needling?***

Dry needling has been defined as a form of acupuncture by the National Certification Commission for Acupuncture and Oriental Medicine (NCCAOM®) certified practitioners who use it as part of their medicine

### ***Who is the NCCAOM?***

The NCCAOM is the only nationally accredited certification organization that assures entry-level competency of individuals entering the profession of acupuncture and Oriental (AOM) medicine. *The NCCAOM's mission is to establish, assess, and promote recognized standards of competence and safety in acupuncture and Oriental medicine for the protection and benefit of the public.* The organization's top priority is to protect the public from the unsafe practice of acupuncture and Oriental medicine by individuals who do not meet the required education and training. Our mission enables us to partner with the states in the important role of protecting the public welfare. The value of NCCAOM's national examinations is demonstrated by their acceptance by regulators in 43 of the 44 states that license acupuncturists.

### ***What amount of academic training is required by acupuncturists to practice dry needling?***

Certified acupuncturists receive more than a thousand hours of education and training in many methods of acupuncture including dry needling. Ninety-eight percent of states who regulate acupuncture consider the NCCAOM standards of eligibility, as well as successful performance on the examinations, to be the minimum requirements for the safe practice of all forms of acupuncture including dry needling.

### ***What are the specific requirements for acupuncturists to practice dry needling?***

Existing requirements for current applicants for acupuncture certification include::

- Graduate from a Masters level acupuncture program that is accredited by the Accreditation Commission for Acupuncture and Oriental Medicine (ACAOM).





ACAOM is the only agency accredited for this purpose by the United States Department of Education.

- Complete a minimum of 1,905 hours of education which represents three years of formal education. This includes 660 hours of clinical training as well as 450 hours in biomedicine.
- Successfully pass three examinations including a separate examination, which includes Foundations of Oriental Medicine, Acupuncture with Point Location and Biomedicine examinations.
- Complete a separate, required course and assessment in Clean Needle Technique administered by the Council of Colleges of Acupuncture and Oriental Medicine (CCAOM) and sign a statement indicating that they understand and agree to abide by the tenets of the NCCAOM's *Code of Ethics*.

***Is there an academic program for the training of physical therapists to practice dry needling?***

No. Physical therapists do **not** have a required academic curriculum for education and training of dry needling techniques. There is no accredited program that offers training or education in dry needle technique, much less any complex and extensive didactic or clinical training in acupuncture geared for physical therapists. The current training programs on dry needle technique for physical therapists in the U.S. and in Europe are short continuing education workshops.

***Is there a valid and reliable examination to test competency of physical therapists for the practice of dry needling?***

There are no known examinations to test competency by physical therapists in the practice of dry needling that have been statistically validated.



***Based on the above information, does current regulation allow physical therapist to practice dry needling in Arizona?***

Arizona requires acupuncturists who practice dry needling and other forms of acupuncture to meet recognized standards of competence and safety through the completion of the NCCAOM examination process, which includes completing an education from a school accredited by the Accreditation Commission for Acupuncture and Oriental Medicine (ACAOM).

***Is the practice of dry needling covered by malpractice insurance?***

In a letter submitted to the American Association of Acupuncture and Oriental Medicine (AAAOM), Michael J. Schroeder, the vice-president and legal counsel for Allied Professional Insurance Company (APIC) who provides malpractice insurance for physical therapists, stated that they would revoke the malpractice insurance of any physical therapist engaged in the use of 'dry needle' technique because of the "risk of public endangerment created by a physical therapist engaging in a medical procedure for which they have no adequate education or training."



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RE: Views of Oriental Medicine

Dear Mr. Petrone,

On behalf of our patients, Colleagues and Supporters of Acupuncture and Oriental Medicine, I am writing to plead with you to support our rights and views of Oriental Medicine . We wish to make sure people have access to well trained practitioners of acupuncture and Oriental Medicine. There is a movement across the country, and at fever pitch in Arizona, for physical therapists (PTs), with only 24 to 50 hours of training, to practice acupuncture (often referred to as dry needling, Trigger Point Therapy, Trigger Point Dry Needling, Intramuscular Manual Therapy, Intramuscular Stimulation, Skin Needling and other variations of these terms). Most Licensed Acupuncturists (LAc) have 3,000 hours of graduate work. Personally, I have 4,000+ hours. There is a standard of practice and licensing adopted in Arizona and in most states across the country . The latest major injury is pneumothorax (punctured lung) in Colorado due to the physical therapists not knowing what they were doing.

Respectfully,



Dr. Karla Von Ehrenkrook



## **Asian Medicine and Acupuncture Society of Arizona (AMASA) Position on Physical therapists and non-licensees using Dry Needling.**

### **Overview**

The increasing popularity of acupuncture has led other professions without proper training or licensure to irresponsibly attempt to circumvent the Arizona State mandated and statutory training that is required to practice Acupuncture (ARS Title 32 Chapter 39) for the protection and the health, welfare and safety of our public.

### **Dry Needling, by any name, is Acupuncture.**

For millennia, Acupuncture has included what is recently labeled as Trigger Point Therapy, Trigger Point Dry Needling, Dry Needling, Intramuscular Manual Therapy, Intramuscular Stimulation, Skin Needling and other variations of these terms.

Drs. Peter Dorsher and Johannes Fleckenstein ran three research studies examining four angles on the question of "if trigger points are different from acupuncture points". The first study concludes that the anatomic location of trigger points match  $\geq 93.3\%$  to classical acupuncture points.<sup>1</sup> The second study provides two more clinical lines of evidence demonstrating they "describe the same physiologic phenomena", "...marked correspondences of the pain indications (up to 97 %) and somatovisceral indications (up to 93 %) of anatomically corresponding common" trigger points to classical acupuncture point pairs.<sup>2</sup> The third study demonstrates "The strong (up to 91%) consistency of the distributions of trigger point regions' referred pain patterns to acupuncture meridians provides a fourth line of evidence".<sup>3</sup> Therefore, western research has documented that trigger points and acupuncture points have the same locations, the same pain indications, the same somatovisceral indications and the same referred pain patterns and physiological phenomenon, making them the same, acupuncture points.<sup>1,2,3</sup>

Acupuncture, as defined by the AAAOM (American Association of Acupuncture and Oriental Medicine, a national Professional Association), is:

1. Trigger Point Dry Needling and Intramuscular Manual therapy are by definition acupuncture techniques, and are therefore included in the medical practice of Acupuncture.
2. Acupuncture techniques are the way in which acupuncture needles are manipulated and employed to achieve desired therapeutic effects.



3. Acupuncture as a procedure is the stimulation of specific anatomical locations on the body, alone or in combination, to treat disease, pain, and/or dysfunction.

4. Acupuncture as a procedure includes the invasive or non-invasive stimulation of said locations by means of needles or other thermal, electrical, light, mechanical or manual therapeutic methods.

5. Acupuncture as a medical practice is the study of how various procedures and techniques can be applied to the diagnosis, prevention, and treatment of disease.

The Agency for Healthcare Research and Quality (AHRQ), a division of the National Institutes of Health (NIH), in a technology assessment published by The U.S. Department of Health and Human Services, agrees, "Acupuncture refers to the insertion of dry needles at specially chosen sites for the treatment or prevention of symptoms and conditions."<sup>4,5</sup>

The World Health Organization (WHO) considers dry needling a derivative of acupuncture.

Even the American Physical Therapy Association agrees in their Educational Resource Paper, *Physical Therapists & the Performance of Dry Needling* (2012), that where allowed by state law, "Dry Needling is an invasive technique used by physical therapists to treat myofascial pain that uses a dry needle, without medication or injection, which is inserted into areas of the muscle known as trigger points".<sup>6</sup> The needles used by physical therapists are acupuncture needles, also called filiform needles.

In addition, neither the Center for Medicare & Medicaid Services nor Trailblazer Health Enterprises recognize the American Physical Therapists Association/American Association of Orthopedic Physical Therapists use of the term Intramuscular Manual Therapy as terminology for describing the insertion of dry needles, acupuncture, for therapeutic purposes. As stated above, the Centers for Medicare & Medicaid Services do not reimburse for Dry Needling or Acupuncture services.<sup>7</sup> This brings us to our next point.

### **Billing as Acupuncture or Trigger Point Injections is fraud.**

"Trigger point injections" involve an actual injection of a substance. The term "Dry needle" means that there is no substance injected. To bill Medicare under trigger point injection with a "dry needle", an acupuncture needle, is fraud. "The only code for Medicare that would cover something like dry-needling would be an acupuncture code,...a noncovered procedure federally"<sup>8</sup>, making it fraud no matter how you look at it.



**Malpractice Insurance companies refuse to cover physical therapists performing acupuncture, by any name.**

In a letter to the State of Oregon Medical Board, "...Allied Professionals Insurance Company, a Risk Retention Group ('APIC'), ... is a federal risk retention group that provides malpractice insurance to physical therapists. It has come to APIC's attention that the Oregon Physical Therapist Licensing Board recently determined that the technique of dry needling" falls within the scope of practice of physical therapy. This determination concerns APIC not only on a malpractice perspective, but also for its effect on public health and safety." They go on to agree with the WHO that dry needling is acupuncture and pointing out that even the pioneers of dry needling agree that most of the points are the same, simply renamed. APIC finishes the letter with "Based on the foregoing, APIC will not provide malpractice insurance for any physical therapist who inserts needles and/or utilizes the technique of dry needling." <sup>9</sup>

NCC, "...a federal risk purchasing group which purchases physical therapy malpractice insurance on a group basis for its members", flatly states in its letter to the State of Oregon Medical Board that "Based on the foregoing, the NCC will not provide malpractice insurance for any physical therapist who inserts needles and/or utilizes the technique of dry needling." <sup>10</sup>

**Education**

There is no shortage of trained and state licensed acupuncturists in Arizona. Currently, we have 3 schools. There are 62 acupuncture programs nation wide from which the NCCAOM (National Certification Commission for Acupuncture and Oriental Medicine) considers graduates appropriately educated with the minimum standards needed to sit for the board exams and which have been or are in the process of national accreditation by ACAOM (the Accreditation Commission for Acupuncture and Oriental Medicine). ACAOM is the only accrediting commission for acupuncture schools in the U.S. "Licensed Acupuncturists typically receive at least 3000 hours of education", before they take the Clean Needle exam, as part of the board exams. <sup>11</sup> This education includes clinical training, supervision by a licensed Acupuncturist, Oriental Medical theory, treatment techniques and related studies, in addition to biomedical clinical sciences.

Currently, equivalent training is not part of standard curriculum for physical therapists who instead take 24 to 40 hour continuing education courses for their education, which constitutes a public health hazard. <sup>10</sup>

In the letter from the malpractice insurance company, APIC, they point out that "Proponents of the addition of dry needling to the scope of physical therapy maintain that trigger point dry needling does not have any similarities to acupuncture other than using the same tool. These same proponents of the technique redefine traditional Chinese medicine as being based on a traditional system of energetic pathways and the goal of acupuncture to balance energy in the body. They emphasize the channel relationship of acupuncture points, deemphasize or completely exclude the use of ASHI



[ 阿是 ] points, and emphasize that acupuncture is based on the energetic concepts of Oriental medicine diagnosis. They therefore define dry needling as different and distinct from acupuncture because it is based on Western anatomy.”<sup>9</sup> As cited above and scientifically proven from four different angles by the three German research studies, 91 to 97 % of the points use by PTs are classical acupuncture points.<sup>1,2,3</sup> The other points are Ashi points. There are detailed descriptions of Ashi (阿是) points and their physiological phenomenon in writings dating back to the Tang Dynasty (618 – 907 AD).

“However, these proponents fail to recognize that acupuncture schools teach both ‘western’ neurophysiological concepts along with ‘traditional’ meridian concepts. As such, acupuncturists are highly trained within both fields of medicine. In fact, the profession of Chinese medicine utilizes neurophysiological principles.”<sup>9</sup>

A crucial area where the lack of proper education surfaces in the non-licensed is understanding the effects of needling, be it the angle, depth, vigor, frequency or contraindications. Case in point: 24 year old Emily K., who’s only symptom was vulvodynia, was needled by a non-Acupuncture-licensed physical therapist with one needle resulting in a 2 inch hematoma on her inner thigh and severe, debilitating pain radiating down to her feet and up her spine to her jaw that even 6 pharmaceuticals and a B12 supplement did not help, in addition to foot neuropathy making it difficult to walk and emotional trauma. The acupuncture point this non-licensee vigorously stimulated, any licensed acupuncturist would know vigorous stimulation is contraindicated in cases such as Emily’s for several reasons based on what her Asian Medicine diagnosis would be and was proven to be by the unsurprising yet extreme results. This is exactly why the malpractice companies refuse to cover physical therapists that perform dry needling.<sup>12</sup>

If angle or depth of needle is not correct on points such as GB 20 (located below the occiput), a patient could suffer from spinal damage if not brain stem injury. Frequent, vigorous use of GB 20 can lead to fibroids in women who would not even know that the physical therapist caused the problem. There are thousands of points of which to know and understand the needling variations and indications, which change in combination, not to mention the obvious issues of visceral (organ) damage such as pneumothorax (collapsed lung) which a number of trained MD’s (200 hours) in California have caused.

Any strong medicine can cause damage in the untrained, unlicensed hands.

Do no harm is the oath which everyone in healthcare should live by for their patient’s sake.

### **Class II surgical device and legal precedence**

The acupuncture needle was federally regulated and classified as a Class II surgical device on May 28, 1976 with the *Medical Device Amendments*, which means it is only to



be sold to and used by those licensed to practice acupuncture. Therefore, purchase and/or use by a physical therapist is breaking the law.

In alignment with and respect for such a device, Charles E. Buri, Assistant Attorney General, Counsel to the Board of Medical Examiners wrote in a letter on February 28, 1979 that "The puncture of human skin is, indeed, considered to be minor surgery. For this and other reasons, acupuncture is viewed to be the practice of medicine...One, who would practice acupuncture without benefit of such a license or certification, would be in violation of Arizona law and subject to both civil and criminal sanctions." There are current educational standards which need to be met for the health and safety of the public.

**Physical therapy scope of practice does not include any puncturing of the skin, including dry needling/acupuncture.**

As noted above, no aspect of acupuncture, dry needling or other, is part of the standard college curriculum. It is also not tested for on the physical therapy licensing boards.

The physical therapy scope of practice does not involve any puncturing of the skin, especially the use of a Class II surgical device, and "manual therapy techniques" are just that, administered by the use of their hands not devices: "'Manual therapy techniques' means a broad group of passive intervention in which physical therapists use their hands to administer skilled movements designed to modulate pain, increase joint range of motion, reduce or eliminate soft tissue swelling, inflammation, or restriction, induce relaxation, improve contractile and noncontractile tissue extensibility, and improve pulmonary function. These interventions involve a variety of techniques, such as the application of graded forces." <sup>13, 14</sup>

One of the main duties of a licensing agency, such as the State of Arizona Physical Therapy Board of Examiners, is to **ensure public safety** through their preemptive, preventative licensing laws and rules, not to circumvent the public process of the legislative Sunrise review required for scope of practice expansion, and in this case, creating a public health hazard. If the national standards for performing acupuncture set by the NCCAOM and the only national accrediting body, ACAOM, were not protecting the health, welfare and safety of our public, then why would the State of Arizona have gone to the trouble of regulating and licensing acupuncture already via the Acupuncture Board of Examiners?

Since there are plenty of acupuncturists in Arizona and this scope of practice expansion is financed by the major companies who teach dry needling, one can only assume it is financial gain at the heart of this scope of practice expansion NOT patient care nor public safety, placing the motives as purely monetary and improper.

**Conclusion**



This is an attempt to circumvent the law and existing mandated regulations in acupuncture by increasing scope of practice via rule writing and is also wrong because:

- physical therapists have no substantive training in acupuncture, by any name;
- physical therapy board exams do not test acupuncture knowledge;
- it is not included in their scope of practice, thus this is an attempt to circumvent the legislative Sunrise review process making both the manner and the motives of expansion highly questionable;
- it is the duty of regulating boards to ensure the public safety;
- the points use in dry needling, called Trigger points, have been scientifically proven to be the same as acupuncture points;
- is considered acupuncture by everyone from the WHO to Medicare/Medicaid to NIH and even those who teach the classes to physical therapists;
- there is a clear effort to redefine acupuncture and thereby obscure and circumvent the existing Arizona laws in regards to safe medical practice;
- acupuncture needles are a Class II surgical device which the Arizona Attorney Generals office ruled can only be used by those licensed for acupuncture or surgery;
- Medicare, Medicaid and other insurance companies consider it fraud for physical therapists to bill for dry needling by any name;
- there are plenty of licensed acupuncturists to fill the public need and who are the best equipped, prepared and qualified to provide competent care in acupuncture;
- malpractice insurance companies refuse to cover dry needling and the use of needles when performed by a physical therapists while they consider it a public health hazard;
- they have hurt the public, and will continue to be a public health hazard and an endangerment to the public welfare and safety.

This is unconscionable. Protect the public.

#### References:

- 1.) Dorsher, MD, Peter, and Johannes Fleckenstein.MD. "[Trigger Points and Classical Acupuncture Points: Part 1: Qualitative and Quantitative Anatomic Correspondences](http://elsevier.isoftmedia.de/inhalt.php?lan~eng/site~journalg/journal~4/name~1_09/article~5800132.html)", *Deutsche Zeitschrift für Akupunktur*, Jahrgang/Volume 51, Heft/Issue 3, 2008, Seiten/Pages 15-24  
Also found in English: "Trigger Points and Classical Acupuncture Points."Elsevier-Germany Online .. *Journals.Akupunktur.Web*. 21 Feb. 2012.  
<[http://elsevier.isoftmedia.de/inhalt.php?lan~eng/site~journalg/journal~4/name~1\\_09/article~5800132.html](http://elsevier.isoftmedia.de/inhalt.php?lan~eng/site~journalg/journal~4/name~1_09/article~5800132.html)>.
- 2.) Dorsher, MD, Peter, and Johannes Fleckenstein.MD. "Trigger Points and Classical Acupuncture Points – Part 2: Clinical Correspondences in Treating Pain and Somatovisceral Disorders", *Deutscher Zeitschrift für Akupunktur*, Jahrgang 51, Heft 4, 12-2008, Seiten 6-11. Also found in English: "Trigger Points and Classical Acupuncture Points."Elsevier-Germany Online *Journals.Akupunktur.Web*. 21 Feb. 2012.  
<[http://elsevier.isoftmedia.de/inhalt.php?lan~eng/site~journalg/journal~4/name~1\\_09/article~5800132.html](http://elsevier.isoftmedia.de/inhalt.php?lan~eng/site~journalg/journal~4/name~1_09/article~5800132.html)>.
- 3.) Dorsher, MD, Peter, and Johannes Fleckenstein.MD. "Trigger Points and Classical Acupuncture Points – Part 3: Relationships of Myofascial Referred Pain Patterns to Acupuncture Meridians", *Deutsche Zeitschrift für Akupunktur*, Jahrgang 52, Heft 1, 03-2009, Seiten 9-14. Also found in English: "Trigger Points and Classical Acupuncture Points."Elsevier-Germany Online *Journals.Akupunktur.Web*. 21 Feb. 2012.  
<[http://elsevier.isoftmedia.de/inhalt.php?lan~eng/site~journalg/journal~4/name~1\\_09/article~5800132.html](http://elsevier.isoftmedia.de/inhalt.php?lan~eng/site~journalg/journal~4/name~1_09/article~5800132.html)>.



- 4.) When To Select Observational Studies as Evidence for Comparative Effectiveness Reviews Prepared for: The Agency for Healthcare Research and Quality (AHRQ) Training Modules for Systematic Reviews Methods Guide [www.ahrq.gov/Effective Health Care Program. "The AHRQ Training Modules for the Systematic Reviews Methods Guide:..."](http://www.ahrq.gov/EffectiveHealthCareProgram/TheAHRQTrainingModulesfortheSystematicReviewsMethodsGuide...) The AHRQ Training Modules for the Systematic Reviews Methods Guide: An Introduction. Ahrq.gov. Web. 06 Feb. 2012. <<http://www.slideshare.net/AHRQEHCPProgram/the-ahrq-training-modules-for-the-systematic-reviews-methods-guide-an-introduction>>.
- 5.) Alberta Heritage Foundation for Medical Research Health Technology Assessment Unit. *Acupuncture: Evidence from systematic reviews and meta-analyses* 2002 Mar. Used in glossary of "Acupuncture for Osteoarthritis." *Centers for Medicare & Medicaid Services*. Web. 14 Jan. 2012. <<http://www.cms.gov/medicare-coverage-database/details/technology-assessments-details.aspx?TAId=19>>.
- 6.) American Physical Therapy Association. *Physical Therapists & the Performance of Dry Needling Resource Paper*. Rep. APTA/APTA.org. Web. 27 Jan. 2012. <[http://www.apta.org/search.aspx?q=American Physical Therapy Association's Educational Resource Paper, Physical Therapists & the Performance of Dry Needling#s=~\\_d0!2!1!!1!8!0!1!!2!!0!\\_d1!2!1!3!326!sim%7CMYAll!-360!DqCqtqBquqwpapxrvsryrpApxrvsrzrppqwpppqsq!\\_d3!%40APTASource+OR+NOT+%40APTASource!\\_d0!APTA.org!4!Physic al+Therapists+and+the+Performance+of+Dry+Needling!\\_d5!\\_d2!!KqGqtFpwpxpHppupxpupypupwpppyppvpJpIpEpApBpzpDppCpqvprpqsq!>](http://www.apta.org/search.aspx?q=AmericanPhysicalTherapyAssociation'sEducationalResourcePaper,PhysicalTherapists&thePerformanceofDryNeedling#s=~_d0!2!1!!1!8!0!1!!2!!0!_d1!2!1!3!326!sim%7CMYAll!-360!DqCqtqBquqwpapxrvsryrpApxrvsrzrppqwpppqsq!_d3!%40APTASource+OR+NOT+%40APTASource!_d0!APTA.org!4!Physic al+Therapists+and+the+Performance+of+Dry+Needling!_d5!_d2!!KqGqtFpwpxpHppupxpupypupwpppyppvpJpIpEpApBpzpDppCpqvprpqsq!>)>.
- 7.) "Therapy Services." *TrailBlazerHealth.com Medicare Home Page* | [Home] | *TrailblazerHealth.com*. Center for Medicare and Medicaid Services, Feb. 2011. Web. 19 Jan. 2012. <<http://trailblazerhealth.com>>.
- 8.) Dritschilo, Gordon, "Doctor settles billing case", *Rutland Herald*, 10/25/2011, also <<http://www.rutlandherald.com/article/20111025/NEWS01/710259964/0/business>>.
- 9.) Cigel, Rick A., Counsel, for Allied Professionals Insurance Company, A Risk Retention Group, Inc., in a letter to The State of Oregon Medical Board, 12/15/09.
- 10.) Schroeder, Michael J., Vice President & General Counsel, NCC, letter to State of Oregon Medical Board, 11/18/09, <http://www.oaaom.com/wp-content/uploads/2010/07/11-09-Schroeder-National-Chiropractic-Counsel-DN-and-PTs.pdf>
- 11.) [aaaonmonline.org/pressroom.asp?pagenumber=48266](http://aaaonmonline.org/pressroom.asp?pagenumber=48266)
- 12.) Kuykendall, M.Ed., Emily, letter sent to the AZ State PT BoE, 10/22/12, [EmiKuykendall@yahoo.com](mailto:EmiKuykendall@yahoo.com)
- 13.) Arizona : Chapter 120 of House Bill 2123, 2010, [http://www.azsos.gov/public\\_services/Chapter\\_Laws/2010/49th legislature 2nd regular session/CH\\_120.pdf](http://www.azsos.gov/public_services/Chapter_Laws/2010/49th_legislature_2nd_regular_session/CH_120.pdf)
- 14.) ARS Title 32 Chapter 19., 32-2001 definition 6, "Manual Therapies Techniques", [www.azleg.gov/formatdocument.asp?inDoc=/ars/32/02001.htm&Title=328DocType=ARS](http://www.azleg.gov/formatdocument.asp?inDoc=/ars/32/02001.htm&Title=328DocType=ARS)



## **DRY NEEDLE THERAPY I RECEIVED AND ITS BENEFITS**

I was in a car accident in 2011, and as a result I had whiplash in my back. So, I was told to start physical therapy and that would help. When I had a consultation with Hope who was my Physical Therapist, she asked me if she could try some dry needling on my back, and how it would relieve the pain I was having. I agreed to try it. After the first visit I noticed a difference, that my pain wasn't as severe. But after the second visit I had relief from the pain for 3 days. I would say after the fourth visit I could go almost a complete week without pain. Couldn't believe how it was really working.

Then In January 2013 I had a bad fall in the snow, and jolted my back, and also caused the lymphodema to come back worse than I had had it before. A lot of swelling in my legs caused pain. So Hope once again was able to help me with the dry needling on my back. Then she began to try it on my leg too. Noticed right away that it really helped with the severe pain I was having as a result of the lymphodema. I am a total believer in dry needling, and how it has benefited me. The results I have had because of it have been miraculous.. I believe that I would still have issues if it weren't for the dry needling Therapy.

*Sincerely, Janina Marchbanks*



## Lori Pearlmutter

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**From:** Karen Evans  
**Sent:** Friday, April 12, 2013 8:53 AM  
**To:** Brandy@GoodmanSchwartz.com  
**Cc:** Lori Pearlmutter  
**Subject:** Dry needling

I am an RN and I had rotator cuff surgery a couple of years ago and had the opportunity to experience the benefit of dry needling during my physical therapy. It really helped with pain and I was thankful to be able to receive it as part of my physical therapy. The therapist who did this procedure was competent, explained it very well, and I had absolutely no fear of trying it and had no bad effects from it. I understand that if I receive dry needling as part of my physical therapy then my insurance covers it but if I had to go to a separate place to receive acupuncture then insurance might not pay for it. It was also extremely useful to receive this treatment at the time when I needed it which often was after physical therapy. I understand that the theories about how this works vary from acupuncture to dry needling but the result, I believe, would have been the same. It makes no sense to me to prevent physical therapists who have been trained in this procedure, using this to help their patients and this, I believe, should be the desire of anyone who cares for patients. I think we can all agree on *this* principle no matter who we are.



JAMES W. TODD, EMT, M.A., (CSM, AUS, Retired)  
900 N. Switzer Canyon Drive, Suite 254  
Flagstaff, AZ 86001-4849  
717-421-2403

**TO:** Ms. Melissa Felder, DPT  
Flagstaff Medical Center – Therapy Services

**SUBJECT:** Benefits Derived from *Dry Needling Technique* (DNT)

**DATE:** November 5, 2012

As the result of a July 2012 injury and resultant surgery for a compartment syndrome of my lower left leg, I was referred to Flagstaff Medical Center's Therapy Services (FMCTS). My physical therapy treatment – which lasted from early August to mid-October 2012 – was expertly managed and made comfortable by the professional staff @ FMCTS, and involved various treatments/procedures.

Of the treatments/therapies received for the fasciotomy and lymph edema condition – some of which included deep lymph edema massage, myofascial massage, lymph edema compression, electrical stimulation and dry needling technique (DNT)\* – in my opinion, the DNT, in conjunction with the lymph edema compression pump, was *the most effective*.

\*Note 1: In the course of my two months of treatment/therapy, the DNT (dry needling technique) was *never* referred to as acupuncture.

\*\*Note 2: Please, feel free to contact me, at any time, regarding my statements, herein, or for my personal comments regarding the treatment/therapy that I received.

James W. Todd

**dry needling**

Sunday, April 14, 2013 8:09 PM

From: "Kara Stuart" &lt;kstuartaz@yahoo.com&gt;

To: "Lpearlmutter57@yahoo.com" &lt;Lpearlmutter57@yahoo.com&gt;

To Whom It May Concern:

I received dry needling treatments administered by Dian over a period of about 4 weeks from December 2012 to January 2013. In my case, the treatments have proven very effective as I have been free of pain since the treatments.

MS

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April 16, 2013

To Whom It May Concern:

I was recently referred to Flagstaff Medical Center's PT department for treatment to my neck for cervical DJD. My physical therapist spent a great deal of time educating me on the physiology of dry needling, and the differences between acupuncture and dry needling. This was discussed at length as well as the differences in profession between an acupuncturist and the PT vocation. I was educated on how the physiology of dry needling works and the differences in profession. My therapist explained to me many times that she was not an acupuncturist; however, both professions used the same tool. (i.e. needles)

I'm happy to report my results have been excellent and I'm now in much less pain, with greater range of motion! My experience with dry needling was very positive. I felt safe, and my therapist was skilled in her profession. My therapist took the additional time to explain everything she was doing, which of course was comforting and put me at ease. I'm extremely happy with the results and to have been introduced to this procedure.

Sincerely,

Carol Webb



April 15, 2013

To Whom It May Concern:

This letter is to let you know about my experience with neuropathy and dry-needling. In the fall of 2012 my life was crumbling before my very eyes due to constant pain, high blood pressure, lack of sleep, and worst of all the curling up of my hands and feet in what was described to me as neuropathy due to my cancer medication. At that point in time I was only sixty-three years of age and my hands looked like I was ready for the grave. The arthritic nodules, the deformity and excessive swelling were getting to the place where the pain was unbearable. And I have always been told I have a high pain threshold.

I am a teacher and trying to work full-time every day with only two hours of sleep total was almost impossible. Due to a complete melt-down emotionally in December, I was asked to meet with my doctors who were my oncologists, supporters and nurse navigators. After a meeting at the Cancer Center here in Flagstaff, my team suggested that I try dry-needling. At first, I was very hesitant, but am so very glad and grateful they unanimously wanted me to try this.

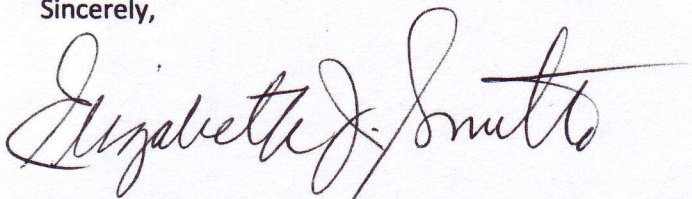
I made an appointment with the Occupational Therapist, Mickie Toutant, Flagstaff Medical Center, who explained to me exactly what she was going to try to do for me. She never claimed that it was acupuncture, but always referred to the treatment with her as dry-needling. The first appointment was absolutely a blessing and a selling point as far as immediate relief from the pain and the nasty distortion of my hands. She asked me which hand was bothering me the most and so she only worked on my left arm and hand that day.

As she began, my left hand was almost curled up in a fist like position. Right before our eyes my left hand began to tremble and tingle. The tingling wasn't like the numbness or the fire shooting pain I had been experiencing. It was like when your hand or foot wakes up from being asleep due to the lack of circulation. My fingers started to shake and before I knew it my fingers were relaxing and flattening out like a real hand should be able to do. It was like shaking out a piece of laundry to release the wrinkles. I even cried because I had not had any color in my hands for months.

I have had no relapse to the place where I started in January of 2013. I am a believer that this procedure called "dry-needling" has helped me to regain my life and most of all my sense of humor. The following treatments have not only helped my hands to be pretty normal, but also have had a profound effect on my feet. Before Mickie worked on my feet problems I needed to tape my toes up to my shin to keep them from curling under my foot and causing excruciating pain and cramping in the bottom of my feet when I tried to sleep or stand while teaching. They have improved drastically and only needed a few treatments to make them behave normally on a permanent basis so far.

If I am needed to personally share my experience with you, please feel free to contact me. My home phone is 928-774-1145. My cell phone is 928-380-5218. I appreciate this opportunity to express my gratitude to the Flagstaff Cancer Center and Flagstaff Medical Center for providing this service to be available for those of us suffering from the side-effects brought on by our medications.

Sincerely,

A handwritten signature in dark ink, reading "Elizabeth J. Smith". The signature is fluid and cursive, with the first name "Elizabeth" and last name "Smith" clearly legible.

Elizabeth J. Smith



April 15, 2013

To Whom It May Concern:

My name is Juli and I am a 2 year Breast Cancer survivor. I would like to share with you the great experience I had with receiving Dry Needling therapy. I was having a lot of pain and tingling in my left arm as a result of having 14 lymph nodes removed and side effects of radiation/chemo therapy. The pain and tingling went from my left shoulder blade all the way to my finger tips. It was very painful, uncomfortable, and made it difficult to perform at my job (I am in maintenance which requires a lot of physical work).

My therapist approached me about a treatment option called Dry Needling. We met and discussed what Dry Needling was since I had not heard about it before. She clearly explained the process of Dry Needling and what it was physically doing to my body, and how it could assist with decreasing my pain level. I felt she explained the process very well and decided to give it a try.

The first treatment went very well and within an hour my pain and tingling had decreased tremendously. I went for a second treatment approximately a week later and the pain decreased even more. I was still experiencing a little bit of tingling and pain so my therapist and I decided to try one more treatment. After just an hour or so of receiving the Dry Needling my pain was completely gone! I had no tingling either! I could not believe it. I expected the symptoms to return in a few days, but they did not. In fact, my symptoms have not returned at all and it has been almost a year since receiving the treatment.

I would also like to share that receiving this treatment was not painful and no harm was done nor did I experience any side effects. To me it is a wonderful option not only for Breast Cancer patients but others as well. I am so grateful that my therapist was trained on this type of treatment and shared it with me. This is a valuable treatment option that should be made available to all who could benefit from it.

Sincerely,

Juli



Dear Brandy,

I am writing to offer my opinion on the subject of physical therapists who are now offering "Dry Needling" to patients. I am disturbed to learn of this practice now allowed in Arizona.

The training that skilled Acupuncturists have received over the course of their study allows them to make critical decisions related to a course of treatment for their patients. When a patient complains of a pain in a particular region of their body, the entire spectrum of that patient's health must be under review before the first acupuncture needle is inserted. Trained acupuncturists know how to make these critical decisions. Those physical therapists who had had one course in Dry Needling are presenting a skill for which they are grossly under prepared to the point of possible negligence while treating a patient.

I hope it won't come down to the first patient who is diagnosed incorrectly and suffers a deadly trauma related to an innocent, but deadly decision on the part of the PT performing Dry Needling. Dry Needling IS Acupuncture. Any attempt to define it as something other than acupuncture is foolish and potentially dangerous.

Thank you for allowing me to offer my thoughts on this important controversy.

Judith Cloud

[Dr. Judith Cloud](#)  
Coordinator of Voice  
School of Music

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### **DRY NEEDLING IS NOT ACUPUNCTURE**

Recently, the acupuncture community in Arizona have made claims that physical therapists in Arizona are practicing acupuncture without a license. Because the practice of dry needling uses, as its tool, a solid tipped needle, acupuncturists are claiming that dry needling therefore must be acupuncture.

Physical therapists have an intensive training in the use of techniques to treat areas of myofascial pain, commonly referred to as trigger points. In undergraduate training, PT's learn their anatomy with the use of cadavers and dissection, having the opportunity to visualize in real situ the muscles, fascia, their attachments, and their relationship to nerves, organs, and joints. They have an in-depth knowledge of conditions which affect these soft tissues, and are trained through evaluation in muscle length and strength tests, palpation and propagation of pain to detect trigger points. They learn multiple techniques to relieve

these trigger points including: compression, spray and stretch, strain-counter-strain, and with special training in post-graduate courses, dry needling.

The theory of dry needling comes originally from a body of work accomplished by two American physicians in the 60's and 70's, Janet Travell and David Simons. At that time, they were able to map pain referral from trigger points, and published in-depth descriptions of these trigger points by muscle, their characteristics, methods of evaluation, and treatment. In their early works, they described treatment using compression, spray and stretch and injection. Throughout the years, PT's have treated these trigger points with non-invasive techniques, and in the 1980's began attending courses in dry needling techniques by Drs Peter Baldry from London, and Chan Gunn from Washington/British Columbia when they demonstrated similar excellent outcomes to injection needling using a solid tipped needle. Indeed, in his later years of practice, Dr. Simons also began using solid tipped needles instead of injections.

The courses which train PT's, chiropractors, and MD's in dry needling do not teach acupuncture. Therapists who use the techniques do not tell their patients that they are doing acupuncture. Indeed, acupuncturists are not trained to do dry needling even though they use a similar tool in their practice of oriental medicine. They do not obtain the same background in anatomy, do not learn the theories of trigger points, do not know how to palpate bands and focal points within the muscle or how to identify which muscles are involved and how to subsequently stretch, re-train, and prevent recurrences of the trigger points once released through needling.

Physical therapists have been using dry needling techniques in the rest of the world including Canada, Britain and South Africa since the 1980's. It is my sincere hope that the board will continue to support physical therapy practice in this area where our background and training is the most appropriate.

Sincerely,

Jackie Doidge, PT AZ Lic #3209

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Re: Dry Needling

Dear Brandy Petrone, and Colleagues of the AC BoE,

***Dry Needling is a skilled intervention performed by a physical therapist (PT) that uses a thin filiform needle to penetrate the skin and stimulate underlying neural, muscular and connective tissues for the evaluation and management of neuromusculoskeletal pain and movement impairments."***

Dry needling as described above in the AzPTA Recommendations for a Policy



Statement is acupuncture and as such should **not** be included in the scope of practice of Physical Therapists.

The limited training that may be provided for physical therapists for this technique is not sufficient to replace the 2800 to 3000 of hours of education that each of us as acupuncturists receive throughout our training program. I support my board's effort to keep dry needling out of the Physical Therapists scope of practice and to keep the practice of acupuncture in the hands of acupuncturists.

Respectfully Submitted,

**Jim Burnis, M.Ac., L.Ac.**

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I am an RN and I had rotator cuff surgery a couple of years ago and had the opportunity to experience the benefits of dry needling during my physical therapy. It really helped with pain control without the use of narcotics and I was thankful to be able to receive it as part of my physical therapy. The therapist who did this procedure was competent, explained it very well, I had absolutely no fear of trying it and had no bad effects from it. I understand that if I receive dry needling as an adjunct to my physical therapy it gets no additional charge but is included in my physical therapy. If I had to go to a separate place to receive acupuncture then I am not sure if insurance would pay for it and it would be an additional visit to another provider and maybe another charge. It was extremely useful to receive this treatment at the time when I needed it which often was right after my physical therapy sessions. I understand that the theories about how this works vary from acupuncture to dry needling but the result, I believe, would have been the same. It makes no sense to me to prevent physical therapists who have been trained and certified in this procedure from using it to help their patients. In my situation dry needling was the best way for me to receive the best care possible and I think that acupuncturists and physical therapists who practice dry needling both share this desire. As I see it, both practices are valid and should be regarded as such.

Karen Evans

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Ms. Petrone,

I am writing to plead with you to write a letter in support of my patients and all patients of Oriental Medicine to make sure they have access to well trained practitioners of acupuncture and Oriental Medicine. There is a movement across the country, and at

fever pitch in Arizona, for physical therapists (PTs), with only 24 to 50 hours of training, to practice acupuncture (often referred to as dry needling, Trigger Point Therapy, Trigger Point Dry Needling, Intramuscular Manual Therapy, Intramuscular Stimulation, Skin Needling and other variations of these terms). Most Licensed Acupuncturists (LAc) have 3,000 hours of graduate work. Personally, I have 4,000+ hours. There is a standard of practice and licensing adopted in Arizona and in most states across the country, which includes passing the NCCAOM board exams, including a "clean needle exam". The latest major injury is pneumothorax (punctured lung) in Colorado.

Acupuncture needs to stay in the hands of the professionals who have been properly trained and licensed to perform it safely and effectively, in the context of the theory of the Medicine.

Sincere thanks for your time,  
Sarica Cernohous, L.Ac., MSTOM, BSBA

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Dear Mr. Brown,

Recently, Physical Therapists have spend many hours delineating a scheme they have evolved for dealing with the issue of "Dry Needling" under the pretext that it is within their scope of practice. However, all the evidence available that shows this to be un-true, not part of physical therapy and un-safe for the patient. I can only conclude that we are dealing with what I call **invincible ignorance**; a state of mind that exists when no matter how much information is presented to show your position to be in error that you refuse to accept the truth.

It has been my experience that when invincible ignorance exists there is always another agenda and it is always for self aggrandizement. This expanding of Physical Therapists' scope to include acupuncture is SOLELY for monetary gain; and it is shameful.

The hearings you folks held with reference to "Dry Needling" are about as fair as the hearings given to the Maccabees, the disciples of Jesus, or the Nuremberg trials. Yes, a farce! You do not intend to do anything that does not line the pockets of Physical Therapists. Do you need to kill a patient or two to drive home the message that needling is dangerous in un-trained hands? Is the extra money that important?

Since it is obvious that your intention is money motivated, heads up! In our

litigious Society Americans seldom represent them selves in law suits for malpractice. Judges review the evidence only, not the hype.

Acupuncturists and the general public will remember this recent disgraceful attempt to expand your scope of practice was solely for economic gain and under the guise of "helping patients".

Exasperated,

George Munger, MSOM, [L.Ac](#)  
Asian Medicine Researcher  
Marketing Manager  
Phoenix Institute of Herbal Medicine & Acupuncture

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To the Board of Physical Therapists,

I am a graduate of the Phoenix Institute of Herbal Medicine and licensed acupuncturist. I completed **3,000 hours of graduate training** and I passed the NCCAOM board exams as Diplomate in Oriental Medicine. I am very concerned that physical therapists (PTs), with only **24 to 50 hours of training** are supposed to be able to practice acupuncture. Please refer to the attachment AMASA AZ PT-DN Position Paper as to the definition of dry needling and acupuncture and explaining that dry needling equals acupuncture. Please read references 1, 2, 3 in the attached AMAZA AZ PT-DN Position Paper for further information. There is no difference between "dry needling" or "trigger point needling" and "acupuncture".

There is a standard of practice and licensing adopted in Arizona and in most states across the country, which includes passing the NCCAOM board exams. Please see attached CERTIFICATION HANDBOOK outlining the standards acupuncturists have to meet, and the attached APLA Exam Content Outline, specifying the knowledge and foundation upon which a decision is made by a qualified practitioner as to where and how to insert a needle.

Acupuncturists also have to take a Clean Needle Technique Course; it is a requirement to obtain a license in many states. Please click here ([http://www.ccaom.org/needle\\_faq.asp](http://www.ccaom.org/needle_faq.asp)) to see how competent needling techniques are critical.

I am certain that you agree that the Arizona State mandated and statutory training that is required to practice Acupuncture (ARS Title 32 Chapter 30) best protects the health, welfare and safety of your friends and family.

Thank you for your attention and consideration.

Healthfully yours,

Natascha Hebell-Fernando, L.Ac  
**Red Mountain Acupuncture**

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Dear Sir or Madam:

I am writing as a Licensed Acupuncturist in the state of Oregon who has great concern for the future of my colleagues in the state of Arizona. The debate over whether or not other professionals such as Physical Therapists and Chiropractors may perform the insertion of Acupuncture needles without an Acupuncture education has been going on for years in Oregon as well. In 2011, we successfully had the rights of Chiropractors to perform so called “dry needling” redacted because of the lack of education they received and the risks to the public as a result.

It is a great shame to me that Arizona law dictates that insurance carriers can only reimburse for Acupuncture services provided by an MD. The 3 or 4 year education that students receive in comprehensive Chinese Medicine is quite different from the “needling workshops” and continuing education seminars that qualify other health care providers to utilize Acupuncture. In addition, it makes it extremely difficult for Licensed Acupuncturists to make a successful living. To allow Physical Therapists to solicit patients away from Licensed Acupuncturists because their services could be covered by their insurance if performed by P.T.s who have completed a weekend workshop is nothing short of criminal. It is both a disservice to patients and to the profession of Acupuncture. Calling it “dry needling” and allowing it to be billed under the manual therapy insurance code is fraudulent. When Acupuncture needles are inserted into Acupuncture points it is called Acupuncture, and it is billed under codes 97810, 97811, 97813, and 97814 respectfully.

Please do not allow Physical Therapists to perform dry needling in the state of Arizona. It weakens the profession of Acupuncture and misleads the public.

Respectfully,

Courtney Giordano, LAc  
Elemental Medicine  
#AC153123

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Changes to the current requirement for training is not only a bad idea but dangerous. People should be and deserve to be treated by trained professionals with 1800 hours or more as required by most states. I cannot believe that this is even being considered more or less trying to be acted on???

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Debra Rock  
MSW, LCSW, LLC  
Debra Rock Counseling

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Please do not allow untrained people to take 15 hrs and then be licensed to perform acupuncture. This is an important type of Chinese Medicine which should be regulated and thorough training is must and should be mandatory,

Sincerely,  
Mrs Lynette Grossenbacher

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De-regulating acupuncture is a really bad and dangerous idea! I'm shocked that it's even being considered. If that happens then any amateur can hang out their shingle and risk the health of patients. Very irresponsible!

Karen vanBarneveld-Price

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This is dangerous. They need a lot more training. Keep this practice with the professionals of this field.

- Julie Lessard

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I have recently become aware that the State Board of Physical Therapy will be deciding if “dry needling”, aka acupuncture, should be included in your members’ scope of practice. I urge the Board to seriously consider voting against this. Acupuncture is a highly specialized practice that presently has the respect and confidence of many patients and medical practitioners. If you allow this to happen with members having a minimum of 15 hours of training, you will be writing a recipe for disaster. Physical therapy is a noble profession, and allowing your members to practice acupuncture with such minimum requirements will only to serve to taint the professionalism that physical therapists currently value. You would in fact be harming two professions irreparably.

As a patient of acupuncture for several years, I don't want the many years of sound practice and training to be tainted by amateurs who don't know what they are doing and can quite possibly do serious harm to trusting patients. Please leave this practice to the professionals who have worked many many years to bring their best practice efforts to the public. Thank you.

Katy Crago

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We have used acupunctures for many years now. Our first experience was with a Boston Italian well trained in Japan. He went on to head a clinic there for 7 years before returning to the US. He works out of Redding and produces marvelous results. We now go to Jean Painter, a Prescott acupuncture with more than adequate training. This knowledge cannot be learned in 15 hours and could be dangerous to the patient. Please reconsider putting the needles in the wrong hands.

Norma Love

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## DRY NEEDLING IS ACUPUNCTURE!!

Please tell me that the notion of Physical Therapists performing acupuncture on patients after a weekend of instruction is truly a fictional horror story!!!! This just cannot be real. Acupuncture is serious, and, in Arizona requires 1850 hours of training, and of that 800 in clinical internship.

I ask you this: Would Physical Therapists consider acupuncturists to be able to do their jobs, physical therapy, after 15 hours of training? I think not.

This is not only insanity, but dangerous. Patients deserve to have professionals that have had the appropriate training in the appropriate field.

I have been having acupuncture periodically for several years, and I certainly would not want anyone putting needles in me with one weekend worth of training. Please put a stop to this.

Sincerely,  
Sandy Rutledge

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To Whom It May Concern,

I have had acupuncture treatments for over 10 years now and have been very fortunate to have had a wonderful Acupuncturist who takes the time to ask questions and "read" my body signs as well as symptoms.

I have heard of others who have not been so lucky and who have been "injured" in some way and are terribly frightened of Western and Now Eastern practices.

Being able to practice acupuncture after only 15 hrs. sounds so terribly dangerous! It does not take much to throw a person out of "balance". Acupuncture is such a delicate "art" of relieving pain and body stressors and getting to the root of the problem. In the 10 years that I have been going, I am still learning on the patient end. It is just not possible to learn in 15+ hrs! I have put in much more than that.

One may learn to insert a needle but the pain/injury risk of doing damage is so great without knowing what one is treating! Why not take the time to learn how to help the body and not cause further damage? A doctor certainly does not simply read about medications and then is able to prescribe them. They must learn how they work in the body, what the body is trying to say, etc. Foot issues could mean diabetes as well as heart issues, etc. If one is only taught to deal with issues that are visible to the eye but do not understand what other issues to look for or only basic issues, they are only attempting to treat the surface and not the root of the problem. Acupuncture is not a bandage, it helps heal and cure from within!

Please keep this wonderful practice a safe practice and allow acupuncturist to learn about the body and healing safely- by **many** hours schooling and practicing with professionals! This way Acupuncturists can provide the best service to their patients! As a patient we need to be able to feel safe when we entrust in them for help! I doubt that anyone would willingly to be test subjects for someone who became a "Doctor" with only a few months of schooling and that is what is becoming of acupuncture, should they be allowed to practice with very little education! Please give art of acupuncture the respect it deserves!

Sincerely,

Naomi Baldwin

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Dear Mr. Brown:

I am a licensed acupuncturist with over 2000 hours of academic training from an accredited school of acupuncture. I hold a Master's Degree in Acupuncture and Oriental Medicine and am an NCCAOM certified and AZ state licensed practitioner who has been practicing acupuncture in Arizona since 2002.

I have the greatest respect for physical therapists as professional colleagues. I have worked in conjunction with many physical therapists in assisting patients to achieve optimal recovery from



pain and injury. I look forward to many more years of friendly collaboration with physical therapists and it is in this spirit of cooperation and mutual respect that I ask you to consider the issue of dry needling with an open mind.

It has been well documented that dry needling is acupuncture. Indeed, one of the very founders of the practice of dry needling, Dr. Peter Baldry, in his preface to the third edition of his classic text on dry needling Acupuncture Trigger Points and Musculoskeletal pain: a scientific Approach to Acupuncture for use by Doctors and Physiotherapists in the diagnosis and management of myofascial point pain (2005) 3rd edition, Elsevier Press, states "My reason for writing this book is to bring to the attention of doctors and physiotherapists a 20th century evolved scientific approach to acupuncture for the relief of pain emanating from trigger points in the myofascial pain syndrome and from tender trigger points...and to take acupuncture out of the category of alternative medicine (p. xi of above cited text). Moreover, in an oft cited peer reviewed article in the Journal of the American Board of Family Medicine, Leonid Kalichman (an MD) and Simon Vulfsons (a Physical Therapist) state that myofascial trigger points are "identical to the Ah-shi points described by the 7th century Chinese physician, Sun Ssu-Mo[sic]" JABFM Sept-Oct 2010 vol. 23, no. 5 p. 641.

It is clear, even in the words of those who "coined" the phrase "dry needling," that the phrase is simply modern terminology for the practice of acupuncture.

A popular misconception that I have heard P.T.'s mention at the stake holders meetings and elsewhere is that Dry Needling is not acupuncture because DN is modern western medicine and Acupuncture is not modern western medicine. I would like to put this popular misconception to rest. Acupuncture is an evidenced based medicine that has evolved through the centuries and continues to grow and thrive because it is safe, effective and inexpensive. It is not a static procedure, but a vibrant, living medicine that has refined its techniques and modernized its approach to treating illness and pain in every culture it has been practiced in. As a case in point to the degree to which acupuncture is considered solid, evidence based western medicine one need only to perform a literature review of the massive body of studies on acupuncture published in modern, peer reviewed journals of western medicine. Hence, we have rich traditions of Chinese, Vietnamese, Japanese and Modern Western Medicine styles of acupuncture. All of these styles that have developed over the centuries in different countries are recognized as legitimate forms of acupuncture and taught in accredited schools of acupuncture. There is NO FACTUAL basis for the argument that DN is modern western medicine and therefore not acupuncture. DN is acupuncture.

Certainly a patient who is injured by an acupuncture needle inserted by a physical therapist is not going to draw a distinction between dry needling and acupuncture. Iatrogenic needle injuries caused by physical therapists have the potential of discrediting the entire practice of healing via filiform needles. Historically, acupuncture has been a very low risk procedure PRECISELY because acupuncturists are highly trained professionals. Allowing untrained persons to practice acupuncture will most certainly result in more patients suffering avoidable needle injuries. Hospitals and other large medical groups that hire physical therapists may not even be aware that they are assuming unprotected liability as most liability carriers will not cover physical therapists for the practice of dry needling.

I believe that it would be in the interest of the Physical Therapy Board to do everything in its power to protect public safety. It can do so by ensuring that physical therapists practicing dry needling have undergone adequate training in clean needle technique and acupuncture technique.

I believe that the 24-32 hour seminars currently used to "teach" physical therapists dry needling are woefully inadequate to ensure patient safety. In the spirit of cooperation and mutual respect for the professional integrity of each of our professions I request that the Physical Therapy Board place a hold on the practice of dry needling in the State of Arizona pending a collaborative effort to develop a learning pathway for physical therapists to safely practice their version of acupuncture.

Most sincerely,  
Marcey Rosin, L.Ac.

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Dear Mr. Charles Brown,

I am a licensed acupuncturist in Arizona and have a 3.5 year Master's degree. I am NCCAOM Board certified in acupuncture. I have been practicing for 17 years.

"A rose by any other name is still a rose." Dry needling is acupuncture. It can be considered otherwise.

The American Association of Acupuncture and Oriental Medicine, The Agency for Healthcare Research and Quality, a subset of NIH, the World Health Organization and instance companies all consider dry needling acupuncture.

That said, I am very concerned that Physical Therapists are performing acupuncture with scant training and will inevitably injure a member of the public due to this scant training. Twenty five or 50 hours is woefully inadequate to provide safe treatment with acupuncture.

I am also concerned that PT's have no understanding of the emotional/psychological/physical effects they can inadvertently cause due to lack of knowledge of what acupuncture points do beside relieve pain.

Therefore I ask for future consideration of what might actually be the appropriate and safe level of training for Physical Therapists in acupuncture. It certainly seems feasible to develop appropriate guidelines, requirements and testing in this regard. Clean needle protocol teaching and testing would be just one of these.

In the meantime, until such education and testing is designed and executed, it seems reasonable to expect your Board to state clearly that, until such education is executed and testing performed, that you require Physical Therapists to cease performing acupuncture so that your responsibility of protecting public health is completely and clearly fulfilled.

Thank you for your consideration on this busy day.

Sincerely,

Helene Sorkin, L. Ac., MSOM, Dipl. Ac. NCAOM

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Brandy:

I am concerned about the upcoming Thursday, April 18th meeting to decide if "dry needling" aka acupuncture should be included in your members scope of practice. As both a patient of physical therapy and acupuncture, I have serious concerns about the safety and appropriateness of PTs being able to offer dry needling with only 15 hours of training. It is inconceivable to me how your board could entertain such a paltry level of training require, especially in light of Arizona's and California's rigorous requirements.

A concerned patient...

Shea Richland

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Mr. Brown,

This ongoing issue regarding PT's doing "acupuncture" must be resolved.

The fact is that dry needling is nothing more than a play on words. It is not a new western medical therapy that has nothing to do with Chinese medicine. It has absolutely everything to do with Chinese medicine. It is simply an acupuncture technique. As stated in many documented papers written by "western" medical professionals including some PT's, the so called Trigger points are well over 90% identical to acupuncture points, whether those points are what we call "ashi" points or whether they are actual meridian points. And the twitch reflex that PT's refer to is the same as what we call "de qi".... the sensation that is acquired upon manipulating the needle. We also refer to it as "the fish grabbing the hook".

Along with all the documented papers and books, one cannot ignore what the WHO as well as the NIH and all other national organizations and others who clearly state that Dry Needling is Acupuncture.

That the PT Board is actually allowing and encouraging PT's to practice something that they are not properly trained in and that they are not actually licensed to do, is shameful, not to mention it is in complete disregard for the safety of the public... which is the job of all health care Boards.

Indeed one can understand the enthusiasm for acupuncture... because it is so effective and thus helpful in the healing process. Acupuncturists do not advocate practicing something that we are not trained in such as physical therapy. But we do work collaboratively with physical therapists.

It is your responsibility (the PT Board) to protect the safety of the public. It is your responsibility to cease this practice that your licensees are performing... and making money off of... all the while endangering the safety and well being of patients. It is your responsibility to work towards the collaborative creation of a proper educational training with the Acupuncture BOE for PT's. Surely you want to uphold the integrity of the PT profession, just as acupuncturists want to uphold the integrity of their profession. So please do the right thing... with integrity... and respect... for following the legal requirements needed to practice Acupuncture in the state of AZ, and in fact in the world, just as you expect of others in regards to PT.

Della Estrada L.Ac. since '91.

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Dear Mr. Charles Brown,

I send to you the enclosed copy (see attachment below) of the position paper from 2010 as you will be having a meeting today in which the dry needling issue will be considered. I hope you will take the time to look it over prior to today's meeting.

I am a licensed acupuncturist in Arizona and have a 3.5 year Master's degree. I am NCCAOM Board certified in acupuncture. I have been practicing for 17 years.

"A rose by any other name is still a rose." Dry needling is acupuncture. It can be considered otherwise.

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I am also concerned that PT's have no understanding of the emotional/psychological/physical effects they can inadvertently cause due to lack of knowledge of what acupuncture points do beside relieve pain.

Therefore I ask for future consideration of what might actually be the appropriate and safe level of training for Physical Therapists in acupuncture. It certainly seems feasible to develop appropriate guidelines and requirements and testing in this regard. Clean needle protocol teaching and testing would be just one of these.

In the meantime, until such education and testing is designed and executed, it seems reasonable to expect your Board to state clearly that until such education is executed and testing performed that you require Physical Therapists to cease performing acupuncture so that your responsibility of protecting public health is completely and clearly fulfilled.

Thank you for your consideration on this busy day.

Sincerely,

Helene Sorkin, L. Ac., MSOM, Dipl. Ac. NCAOM



## **Council of Colleges of Acupuncture and Oriental Medicine<sup>\*</sup>**

### **Position Paper on Dry Needling**

**It is the position of the Council of Colleges of Acupuncture and Oriental Medicine (CCAOM) that dry needling is an acupuncture technique.**

#### **Rationale**

A recent trend in the expansion in the scopes of practice of western trained health professionals to include “dry needling” has resulted in redefining acupuncture and re-framing acupuncture techniques in western biomedical language. Advancement and integration of medical technique across professions is a recognized progression. However, the aspirations of one profession should not be used to redefine another established profession.

In addition proponents of “dry needling” by non-acupuncture professionals are attempting to expand trigger point dry needling to any systemic treatment using acupuncture needles and whole body treatment that includes dry needling by using western anatomical nomenclature to describe these techniques. It is the position of the CCAOM that these treatment techniques are the *de facto* practice of acupuncture, not just the adoption of a technique of treatment.

#### **Terminology**

The invasive procedure of dry needling has been used synonymously with the following terms:

**Trigger Point Dry Needling**

**Manual Trigger Point Therapy, when using dry needling**

**Intramuscular Dry Needling**

**Intramuscular Manual Therapy, when using dry needling**

**Intramuscular Stimulation, when using dry needling**

#### **History**

The system of medicine derived from China has a centuries-long continuous distinct practice with an extensive literature over 2000 years old. After President Nixon’s visit to China in the early 1970s, public interest in and demand for

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<sup>\*</sup> Contact Person: Valerie Hobbs, MSOM, LAc ([VHobbs@acupuncturecollege.edu](mailto:VHobbs@acupuncturecollege.edu)).

acupuncture resulted in the establishment of first-professional degrees in acupuncture in the United States. Today over 50 accredited<sup>1</sup> first-professional colleges teach a diversity of styles of health care utilizing acupuncture, Chinese herbology, manual techniques such as tuina (Chinese therapeutic massage), nutrition, and exercise/breathing therapy. Individuals who attain this degree undergo a rigorous training program at a minimum standard of three academic years that contains 450 hours in biomedical science (biology, anatomy, physiology, western pathology, and pharmacology), 90 hours in patient counseling and practice management, and 1365 hours in acupuncture. Of the 1365 hours in acupuncture, 660 hours must be clinical hours.

Acupuncture is a system of medicine that utilizes needles to achieve therapeutic effect. The language used to describe and understand this effect is not limited and is articulated in both traditional and modern scientific terms. The National Institutes of Health has recognized the efficacy of acupuncture in its consensus statement of 1997<sup>2</sup> and continued funding of research. It is clear that other professions such as physical therapy and others also recognize the efficacy of acupuncture and its various representations such as dry needling due to the fact that they are attempting to use acupuncture and rename it as a physical therapy technique.

### **Dry needling is an acupuncture technique**

As a system of treatment for pain, acupuncture relies on a category of points derived from the Chinese language as “*ashi*” (阿是) points. “*Ashi*” point theory describes the same physiological phenomenon identified as “trigger points,” a phrase coined by Dr Janet Travell<sup>3</sup> and dates to the Tang Dynasty (618-907). While Dr. Travell coined the phrase “trigger point”, the physiological phenomenon has been long known to acupuncturists. Dr. Travell herself had contact with acupuncturists and chiropractors interested in acupuncture in the Los Angeles area in the 1980s. Dr. Mark Seem, author of *A New American Acupuncture*<sup>4</sup>, discussed the similarity of their techniques in the 1990s.<sup>5</sup>

Modern contributors from the field of acupuncture in the specialization of dry needling techniques are:

Dr. Mark Seem, Ph. D., L. Ac., published the textbook *A New American Acupuncture* covering the topic of dry needling in 1993. His books have been published for over two decades.

Matt Callison, L. Ac., is the founder of the Sports Medicine Acupuncture® certification program and the author of *Motor Points Index*. The continuing education certification program is available to licensed acupuncturists through a private seminar company and through postgraduate studies at the New England School of Acupuncture.

Whitfield Reaves, L. Ac. is the author of *The Acupuncture Handbook of Sports Injuries and Pain: A Four Step Approach to Treatment*. He also offers a

postgraduate continuing education program in Sports Acupuncture only for licensed acupuncturists.

From the above sources it is apparent that acupuncture has an established history of using treatment utilizing what are now labeled trigger points.

### **Documented practice of “dry needling” by acupuncturists**

The National Commission for the Certification of Acupuncture and Oriental Medicine (NCCAOM), the certifying board for acupuncture, completed a job task analysis in 2003 and again in 2008. The analysis documented the prevalence of actual use of dry needling techniques, i.e. the treatment of trigger points or motor points with acupuncture needles, by practicing acupuncturists. In 2003, 82% of acupuncturists surveyed used needling of trigger points in patients that presented with pain. Of the patients that present for acupuncture treatment, it is estimated that 56% present with trigger point pain. The others present for non-pain conditions such as non-trigger point pain, digestive disorders, infertility and many other conditions. The other 18% of acupuncturists used acupuncture needling techniques in non-trigger point locations. These findings document that acupuncturists are well trained to use and have consistent historical usage of trigger and motor point “dry needling” treatment. Dry needling represents a substantial daily practice among American acupuncturists.

### **History of “dry needling” in North America**

Dr. Chan Gunn, M.D., is the founder of dry needling in Canada. He wrote in 1976, “As a first step toward acceptance of acupuncture by the medical profession, it is suggested that a new system of acupuncture locus nomenclature be introduced, relating them to known neural structures.”<sup>6</sup> One may reasonably infer from this statement that Dr. Gunn believed that in order for acupuncture to be accepted in Western medicine, the technique would need to be redefined. Using a different name for the same technique does not rise to the level of creating a new technique. Dr. Chan Gunn’s dry needling seminars are only four days in length.

Jan Dommerholt has published extensively on the technique and teaches dry needling to both western trained health professionals and licensed acupuncturists, but his teaching has been focused on the profession of Physical Therapy (PT). He argues that dry needling is a new emerging western technique described in western scientific terms. He is also attempting to redefine acupuncture based solely on eastern esoteric concepts.

A current author and provider of dry needling courses, Yun-tao Ma, Ph.D., extends dry needling beyond trigger points to include acupuncture points. He describes the points according to the neuroanatomical location and effects and calls them “Acu reflex” points. It is this adaptation and renaming of acupuncture to provide total body treatment that poses the greatest risk to the public, as it circumvents established standards for identical practice, i.e., acupuncture, without the rigorous training of acupuncture and the licensing of such.



**It is the position of the CCAOM that any intervention utilizing dry needling is the practice of acupuncture, regardless of the language utilized in describing the technique.**

### **State Board of Medicine complaints against acupuncturists for dry needling**

In 2009, a physical therapist submitted a complaint to the Maryland Board of Acupuncture concerning the use of the term dry needling in chart notes by an acupuncturist. The Maryland Board of Acupuncture correctly dismissed the complaint because the procedure was done by a licensed acupuncturist trained in the use of dry needling, *i.e.*, acupuncture.

In filing the complaint, the physical therapist was not asserting that the acupuncturist caused any harm or potential of harm to the patient. Rather, the physical therapist asserted that the acupuncturist used proprietary language that was unique to physical therapy, when in fact the acupuncturist was using language that was common across professions. The Little Hoover Commission, in its 2004 report to the California legislature concluded, “interactions with other health care providers, including collaboration and referrals, as well as with many members of the public, benefit from the use of common, Western-based diagnostic terminology”<sup>2</sup>

### **Summary Position of the CCAOM on Dry Needling**

**It is the position of the Council of Colleges of Acupuncture and Oriental Medicine (CCAOM) that dry needling is an acupuncture technique.**

**It is the position of the CCAOM that any intervention utilizing dry needling is the practice of acupuncture, regardless of the language utilized in describing the technique.**

Adopted November 2010  
Updated May 2011

<sup>1</sup> The Accreditation Commission for Acupuncture and Oriental Medicine (ACAOM) is recognized by the U.S. Department of Education to accredit colleges of acupuncture and Oriental medicine and authorizes such colleges to confer Master's level first-professional degrees.

<sup>2</sup> <http://consensus.nih.gov/1997/1997Acupuncture107html.htm>.

<sup>3</sup> Travel, Janet G., and David G. Simons. Myofascial pain dysfunction: the trigger point manual. Lippincott Williams & Wilkins, 1983, Print.

<sup>4</sup> Seem, Mark. A new American acupuncture: acupuncture osteopathy, the myofascial release of the bodymind. Blue Poppy Press, 1993. Print.

<sup>5</sup> Private communication of October, 2007 with Whitfield Reaves, L. Ac., who attended study groups with Dr. Travell in the 1980s, and in a letter from Dr. Mark Seem to Jan Dommerholt November 11, 2007. Seem relates his invitation and demonstration of acupuncture “dry needling” techniques to Dr. Travell in New York City in the 1990s.

<sup>6</sup> Gunn, CC, Ditchburn FG, King MH, Renwick GJ, *Acupuncture loci: a proposal for their classification according to their relationship to known neural structures*, Am J Chin Med, 1976 Summer; 4(2): 183-95.

<sup>7</sup> Milton Marks “Little Hoover” commission on California State Government Organization and Economy by the UCSF Center for the Health Professions, *Acupuncture in California: Study of Scope of Practice*, May 2004, pg. 13.

To whom it may concern:

I would like to submit my comments to the Physical Therapy Board regarding your practice of dry needling. I have been an acupuncture patient for many years and appreciate the hundreds of hours of training and many years of experience my care provider offers to me. The depth of understanding and training required to practice acupuncture successfully and without harm, requires much, much more than the 16 hours of training that Physical Therapists receive.

There are strict laws in place regarding how much training acupuncturists needs before they are allowed a license to practice. It makes no sense for a PT to attempt to practice acupuncture without being given the adequate skills and by hiding behind another name.

Please do not continue to practice acupuncture as Physical Therapists. Leave that to the trained acupuncturists.

Thank you for your consideration.

Andrea Hartley  
323 N. Kendrick St.  
Flagstaff, AZ 86001

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Until a physical therapist has the same training as a licensed acupuncturist there is no way that they should be allowed to practice dry needling on anyone but themselves. As I understand it physical therapists will take a weekend course ( 16 hours ) to learn how to apply these needles. This crash course will leave them ill prepared to meet the needs of their patients in the same way that a weekend course ( 16 hours ) would allow an acupuncturist to practice physical therapy.

Patients are ill served when poorly prepared individuals are allowed to practice techniques that can result in serious injury if not done properly.

Curtis E. Pickup  
Sedona, Arizona

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Dear Folks,....Herb Wolf here,..a finish carpenter/ woodworker, ..So if I may with regards to my personal experience with traditional acupuncture, ,..Carpentry/Woodworking is a very demanding physical, repetitive activity,...As I aged I realized I needed to treat my stiffness & pain. A friend suggested that a should try Acupuncture, & after treatment, I'm able to continue my passion working w/ wood.....I do not belive, dry needling was available to me,. I had health insurance, which did not cover acupuncture,..So why is



Acupuncture not covered by traditional insurance, & I understand dry needling is ? Why would I be treated by someone whom has minimal schooling, as oppose to an acupuncturist w/ 4yrs. of schooling in a 2000 yr. old tradition ? Why do Western medical professionals feel that w/ this lack of education ,not understanding the relationship of the Whole body,..allow this ? Well its beyond . So please , if a medical practioner wants to practice acupuncture, great, go to school & become an acupuncturist,..A Professional, become such through education & experience,...& please make our insurance companys add this as a paying procedure.....

Thank You,

Herb Wolf

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Good evening, my name is Dixie Callan. I am a licensed physical therapist in Arizona. I am here tonight as a practitioner who utilizes dry needling in my every day practice. After examining the arguments posed by acupuncturists there appears to be 4 main themes and concerns. I would like to address those here tonight and hope to provide further insight out of respect for both professions. The four themes are 1) concern for PT's lack of education 2) concern for PT's utilizing an invasive technique is outside of their scope of practice and a public concern for safety with clean needle technique 3) The claim that dry needling is acupuncture 4) Billing

Lack of Education - I would first like to share a little bit about my personal background. I have my Bachelor's in Physiology from the University of Arizona. Courses of which included biochemistry, cell physiology, endocrinology and of course anatomy and physiology. I have my doctorate in Physical therapy from Creighton University. Again courses which include neuroanatomy with labs in EMG where my colleagues and I utilized needles in each other to read electrical conductivity of nerves. Additionally we participated in 64 hours of cadaver dissection labs in adjunct to the anatomy course as well as wound care inclusive of sharp debridement . In my clinical education, i spent 5 months in Colorado in which time my clinical instructor practiced dry needling. To say the least, my background in anatomy and physiology is extensive.

Acupuncturists have made the argument that they have received 2,000-3,000 hours of training and that PTs have only had 30 hours over a weekend course. This is not an accurate representation of a PT's education. A continuing education course in dry needling is on top of the already extensive knowledge of a PT.

Using an invasive technique and public concern for safety- acupuncturists argue that PTs are not allowed to use invasive techniques. Again, this is not accurate as it is within the scope of practice for a PT to perform sharp debridement of wounds. I perform wound care at Flagstaff Medical center and utilize a scalpel, scissors and tweezers while treating wounds. As far as knowing clean needle technique, aside from this being taught and tested on in my dry needling course, It is a standard of practice to use clean

technique while doing wound Vacs and setting up sterile fields for wound care. PTs at FMC are also in the OR assisting surgeons with wound VAC placements. While I agree that clean needle technique is highly important, please understand that PTs are already practicing in such environments.

Trigger Point dry needling is/not acupuncture - Acupuncturists are well trained in acupuncture. What I do is NOT acupuncture and I make this very clear to all of my patients, colleagues and anyone that inquires about dry needling. I am highly trained in anatomy and physiology and dry needling is derived off of this premise.

I treat trigger points by placing a monofilament into it, pistoning the needle to create a twitch response which causes shortening and then lengthening of the muscle. On a cellular level, bring the actin and myosin together, shortening the sarcomeres and then allowing them to return to an improved length which improves capillary refill and allows for the congestion of chemicals to re-uptake in the blood stream and improve health of the tissue.

I do not treat the meridian system, which in all of my education in western medicine has not been taught upon.

Additionally, Acupuncturists claim that PTs practice acupuncture because we use acupuncture needles. I would argue that we use a monofilament which they also use, just as I also wield a scalpel for sharp debridement, yet I do not perform surgery.

Billing- as far as billing, I do NOT bill Medicare for dry needling. My time spent needling is encompassed in my other manual therapy treatments as I do not solely perform only one method of manual therapy.

In closure, dry needling is a highly effective treatment. It is used in adjunct to other treatments performed by a PT inclusive of other manual therapy techniques, neuro muscular re-education and strengthening exercises. With a high knowledge in Anatomy and Physiology, PTs are qualified to take continuing education courses in dry needling. I believe standards for coursework are needed as there are multiple courses available. The training from Kinetacore that I received is in depth, provides research, lab practicals, examinations inclusive of clean needle technique. In order to continue with advancement in the courses, you must document over 200 patient encounters and their outcomes. This course has checks and balances, and understands that dry needling is not acupuncture with respect for what acupuncturists do.

Thank you for your time.

Dixie Callan, PT, DPT

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If dental hygienists were allowed to perform root canals after 15 hours of training, would I entrust my teeth to one?

If psychologists' office managers were authorized to fill in for licensed therapists after 15 hours of training, would I entrust my problems to one?

If opticians were certified to perform cataract surgery after 15 hours of training, would I entrust my eyes to one?

The answer to each of these is, obviously, an unhesitant "No." Why then should I entrust an even broader array of health concerns to a physical therapist with 15 hours of training in "dry needling"? Acupuncture is a practice that requires far more knowledge and preparation than can be obtained in that brief a time.

It is of course my prerogative to seek out a qualified practitioner of Traditional Chinese Medicine. But in opening up this area of expertise to comparatively untrained newcomers, you are jeopardizing the entire field of TCM by offering a watered-down version geared to appeal to unsuspecting patients. After all, what typical uninformed health consumer wouldn't agree to "acupuncture" treatment by a physical therapist if it appeared to be the same thing and were covered by insurance? They would have no way of knowing that the PT had no inkling of the foundations of TCM, the intricacies of acupuncture points, or the efficacies of complementary herbal therapies. And would the PT even be aware of what he or she didn't know? It would be the blind leading the blind.

It seems to me that the physical therapist is as ill suited to performing acupuncture as the hygienist, office manager, or lens grinder is to handling procedures somewhat related to their jobs but which require far more training. As someone who values the knowledge of a TCM practitioner, I urge that you think twice before belittling the skills of this highly trained health care provider.

Wayne Koch

Prescott AZ

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To whom it may concern,

I have recently returned to Arizona after 20 years and am using acupuncture for pain management for a chronic condition. Prior to this we lived in a small lake town in NE Oklahoma. When i suffered drug reactions, it necessitated suspending pain medications. i sought out a chiropractor in our small town of Grove who basically worked a "miracle" to get me through the high humidity and extreme heat and well enough to move here. I saw her once or twice a week. Every few weeks she would report on her additional Continuing Education seminars to learn more and more about acupuncture and being more effective. She was licensed to provide this service.

We are now in Prescott where after interviewing via phone the various acupuncture providers in the area, i selected a professional whose practice is acupuncture and integrative medicine. In my phone interview process i studied the backgrounds of those offering the service and queried those who were most highly trained. I found a wide array of responses and can not imagine that even one of these had as little as 15 hours of training. I have been highly pleased with my professional and was aghast to learn a progressive state such as Arizona would consider a regression action. IF anything, standards should remain high and continuing education mandated on a regular basis.

The Chinese art of acupuncture is not easily learned and it is an art to use effectively. I note the higher level of service i receive now versus the chiropractor in OK. I wonder how many board members making this decision have actually experienced acupuncture treatment? I hear stories from some who had horrid experiences with the pain of the needles. This should not be painful. Why not encourage more chiropractors or medical doctors to learn this art rather than tack it on to a profession that should continue its focus on "therapy".

I certainly did not plan to become such a devotee of acupuncture, but it is playing a fundamental weekly role in pain management and enabling me to lead a "normal life" with limitations.

Please work to MAINTAIN high standards and vote NO on lessening the standards.

Thank you for your consideration.

Sincerely,

Linda Saferite

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Dear Mr. Gonzalez,

As someone who has been an acupuncture patient for 25 years (I currently work for an acupuncture school), I am writing to urge you to take action against the onslaught of physical therapists who are fraudulently encroaching upon the historical art and science of acupuncture with the spurious practice of "dry needling." Acupuncturists have to complete thousands of hours of training to obtain a license to practice, and it is a travesty that physical therapists with a few dozen hours of practice are promoting themselves as having comparable skills to treat pain and discomfort.

I urge you to take a more active role in changing this injustice.

Thank you.

Lisa Williamson,  
Administrative Assistant  
Arizona School of Acupuncture and Oriental Medicine

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Hello,

My name is Kathi Walsh and I am a patient of a Physical Therapist that does dry needling. I was in attendance at the public meeting on April 18th at NAU. I also spoke, but was so stunned at what was being said that I'm afraid I did not make myself crystal clear. I have received dry needling in the course of Physical Therapy treatment to recover from injuries sustained in a car accident. Dry needling is one of several techniques that the Physical Therapist utilizes in my road to recovery. I personally feel that Dry Needling has been extremely beneficial in my recovery. I do not receive Dry Needling during every therapy session, it occurs after the PT and I have discussed whether it's appropriate for my condition that day-but then we discuss every aspect of my treatment. I am fortunate enough to have a PT who encourages my input as to what I think would be most beneficial for that session. I have been in Physical Therapy for 4 months, when I saw my Doctor for follow-up last week he was impressed with my progress and called my Physical Therapist "a miracle worker"- I happen to agree with his assessment. An acupuncturist can only use needles in the office to treat, while a physical therapist has many tools at their disposal, including instructing me in stretching and strengthening techniques that I can do in a home program to ensure daily progress in between appointments. Something acupuncturists cannot do.

I was disturbed by many of the statements and claims made by the Acupuncturists in attendance at the meeting. Claims that it could cure strokes, Parkinsons, etc. A statement was made by the acupuncturist who worked on the cruise ship that in his experience the only people afraid of needles were people who had had dry needling-what an absolutely ridiculous statement. (For what it's worth I attended an Acupuncture Information Session on a cruise ship-it was presented as a Salon Spa Service NOT a medical treatment) Just as an experiment I encourage the board to ask random people if they would ever consider acupuncture and if not -why not? I'd bet not one person mentions a bad experience with dry needling. Then there were the comments about kill spots and how people can either die or be cured BUT only if you had an experienced enough acupuncturist- now THAT is a reason not to ever seek acupuncture treatment. Based on those statements I would question whether many of the other Acupuncturists in the room would meet the criteria to perform acupuncture. I was confused as my research indicated that dry needling was developed by a western doctor (Travell) in 1940 yet the book she authored in the 80's is the one the acupuncturists quote...seems we have a disconnect.

I was also shocked by the absolute dismissal by the acupuncturists of the education, requirements and continuing education necessary to become and maintain Physical Therapist licensure. They implied that people just walk in off the street take a class for a week-end and then do dry needling-it was an insulting implication.

One person gave an anecdotal account of a young woman supposedly injured by dry needling. Reality and statistics say that there is not one medical technique, medication, or procedure whether based on Eastern or Western medicine that has a 100% success rate. I had a rather lengthy course of acupuncture treatment years ago that was successful. As a result I tried acupuncture with a different provider again a few



years after my first experience. After 2 sessions I was in such bad shape it took 8 months to recover-both acupuncturist were trained in China for 10 years. So would I ever consider acupuncture again- ABSOLUTELY NOT. I have not experienced any such adverse effects from dry needling. While they may both be done with needles they are not the same process. Dry needling focuses on the area of pain/trigger points, acupuncture focuses on inserting needles throughout the whole body utilizing the Meridian system.

I do not understand the anger and vehemence that was displayed towards Physical Therapists/Therapy at this meeting. When you look at other medical professions you see many overlaps of treatment without this lack of professional respect. If I witnessed such behavior by my other medical providers, I would not have any qualms about discontinuing treatment.

Attending this meeting was an eye opening experience. As a medical consumer I appreciated the opportunity to both speak and submit this letter. I hope the board continues to support the use of Dry Needling by Physical Therapists as a viable treatment option to provide relief for patients.

Thank you,

Kathi Walsh

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Re: Flagstaff stakeholder meeting written statement submission.

#### **AZPTA Dry Needling Position Statement**

"It is the position of the AZ Physical Therapy Association that dry needling for the management of neuromusculoskeletal conditions is consistent with the scope of practice of licensed Physical Therapists in the State of Arizona. Dry Needling is a skilled intervention performed by a Physical Therapist (PT) that uses a thin filiform needle to penetrate the skin and stimulate underlying neural, muscular and connective tissues for the evaluation and management of neuromusculoskeletal pain and movement impairments."

Linda Duke

President  
Arizona Physical Therapy Association

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**To the State Board of Physical Therapists of AZ,**

**This is a letter in response to the meeting regarding Dry Needling that was held by the PT Board at NAU on 4/18/2013.**

At the meeting in Northern Arizona, the Acupuncturists outnumbered the Physical Therapists by over a 100% whereas at the Phoenix meeting it was 1:1. After waiting 2 hours to speak, I left. I felt the mood by Acupuncturists was such that if they controlled the meeting, maybe they would have control over this issue.

The Acupuncturists said the same things over and over again. Their statements were redundant, invalid and lacked any scientific reasoning. After the meeting, I scoured the internet to find out if their information was correct, I could find no information regarding mal effects by Dry Needling by a Physical Therapist. Contrary to this, the more I researched, the more positive results and information I found regarding Dry Needling

I believe there are only 4 Physical Therapists in Flagstaff who perform Dry Needling and I am one of them. I learned how to perform Dry Needling because I was driven to learn another treatment modality to benefit my patients. That is the point for me, to help others, not to "steal someone's business away". Unfortunately, I truly feel this issue has become a turf battle and not about patient care.

I have been a Physical Therapist for over 15 years. I have a Masters and a Doctorate in Physical Therapy. I have countless continuing education hours and also do extensive wound care treatments in which I also use a scalpel for sharp debridement. I have an extensive amount of education and hours of working with the human body, I know the anatomy of the human being. These countless hours of work and study don't even include the human dissection and hours of study as a Physical Therapy student. I really felt as if my education was not respected at that meeting, all I heard was how "little" I knew. I feel my level of education is not exception, but of a standard level of knowledge for most practicing Physical Therapists.

Contrary to this, I found many Acupuncture schools have no prerequisites to attend. They have no formal training or education in any type of science or physiology, unless they have chosen to do this on their own accord prior to attending Acupuncture school. All Physical Therapy students have to have a certain amount of prerequisite education and a very competitive GPA prior to even being admitted to PT school, much less completing a DPT program. This again is to point out our comprehensive knowledge as Physical Therapist and our extensive education in regards to the human body. In the immortal words of Dr Ma, "Who knows the body better that a Physical Therapists?" I agree wholeheartedly with Dr Ma regarding this matter. Dr Ma also stated that "Acupuncturists do not own the (acupuncture) needle, the patient's own the needle" (meaning that they deserve this care by any knowledgeable healthcare practitioner.)

One of the Acupuncturists also stated that they could cure Parkinson's, Strokes and many other diseases. Again, there is no documented evidence regarding these matters. There were also several references to "kill points" at this meeting, I fear to even ask what those were in reference to. I had no idea Acupuncture could be so violent.

It was also said if a Physical Therapist put a needle in "the wrong spot" that we could cause someone to get cancer or fibroids "several years later." Is this based on medical science? I feel there is no scientific backing to this statement therefore it can be

construed as slander. There was a notation by the Acupuncturists that a Physical Therapist might hit a point on the body that according to them was a "known Acupuncture point" that might cause "harm and we wouldn't even realize that we have hurt someone." Have we discussed this with physicians doing surgery? They also might "hit these points and cause bodily injury." There is no scientific evidence behind these statements and they are merely hearsay. There are so many Acupuncture points that one might hit in ones daily life, we all better not even touch each other or ourselves for that matter.

The acupuncturists state anyone using a needle is "doing acupuncture." We will need to inform all nurses, medical doctors and any patients using a needle to distribute medications about this. Naturopaths and Chiropractors that do dry needling or "acupuncture", as well. Are they violating the Acupuncturist's rights? Acupuncturists at this meeting stated that they are the only practitioners who are legally allowed to use a narrow gauge needle and is against the law to use an Acupuncture needle if you are not an Acupuncturist. This statement is incorrect and false.

This is truly a case of Eastern vs. Western Medicine. It is not that I don't believe per say that "Meridians or Acupuncture points exists", it is just not part of my practice as a Physical Therapist. Dry Needling is a means to help stimulate the muscle tissue to heal faster and decrease chronic muscle spasms and pain. It is by no means Acupuncture and that is not my intention when providing this treatment. Dry needling is method of treatment which uses a narrow gauge needle to help control and relieve pain. It has been proven to be a form of evidence based practice by many medical providers, not just by Physical Therapists.

The more research I did regarding Dry Needling, the more it proves that it is a safe effective practice for Physical Therapists to perform safely. It is another healing modality which is a safe, simple, and cost effective treatment that is intended to treat pain. The evidence supporting this statement can easily be found with a simple web search.

I am sad for the Acupuncturists whose treatment is so archaic that they feel this one small encroachment will destroy their practice, but if they were as amazingly effective as they say they are there should be no competition or cause for concern on their part. What is truly sad is that I might have referred my patient's to them after discharge, but after witnessing their lack of scientific data and anger at that meeting I won't even consider it.

I will continue to perform DNT for as long as I have patients' with whom I can help and as long as my license allows it.

Thank you for your time,

Melissa Felder, PT, DPT

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I would like to know when I have energy work done by someone advertising that they do acupuncture that they are fully trained in all areas involved in the practice. I don't feel that someone who has had just 15 hours of training is qualified to do this and don't want there to be a possibility that I will go to someone who is not totally trained.

Sincerely,

Nancy Miller  
Prescott, AZ

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Good afternoon,

I am in my late-50s and for the past fifteen years have undergone numerous physical therapy (and surgical) treatments to help me manage osteoarthritic joint pain. I have had several total joint replacements (hip and knee) and continue to suffer from occasional pain. Our family Physical Therapist, Dr. Dan Chitwood, has been of immeasurable value to both my husband and me both in treating pain and assisting our recovery from surgery. Dan recently underwent an intensive course in "dry needling" and was able to apply this treatment to me as part of a regular PT appointment. The difference was immediate and remarkable.

I am preparing for another hip replacement. Standing on the affected leg has been difficult and painful due specifically to muscular problems related to the denigrated joint. Dan applied the "dry needling" technique to the affected musculature and after the treatment I was able to move my leg and stand with no pain. That night I slept without pain for the first time in weeks. It was remarkable. I know without a doubt that the inclusion of "dry needling" in my regular physical therapy regimen has reduced my pain "today" and has enhanced my readiness for the upcoming surgery.

I am also a long-standing advocate of acupuncture and, in fact, used acupuncture to help me quit a 2-pack-a-day smoking habit almost 25 years ago. I don't know the "technical" aspects of either acupuncture or "dry needling" but it is my layperson's understanding that these two techniques really manage two very different aspects of the human "system". I am grateful to have access to both types of treatment.

Kind regards,

Kathleen M. Mitchell  
Flagstaff, AZ

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Good Day;

I wish to SUPPORT the ability of licensed physical therapists to utilize dry needling for therapy.

I have a great admiration for physical therapists and place trust in them to assist me with various physical issues. I believe the amount of education required to become a P.T. more than adequately shows their desire & ability to help their patients by incorporating this treatment option after attending the additional seminars. I have also been offered dry needling as a therapy and am very happy with the success of that therapy.

Thank you for taking my comments,

Midge Fleishman

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Dear Brandy,

I don't think it is a safe practice for PT's, with only a weekend of training, use dry needling. I will not go to anyone who does not have the proper training. I realize PT's have to be certified for their practice, it doesn't make sense that for a weekend of training they can dry needle (one basic technique accupuncturists do), and if their patients have a bad experience, they will not really know the healing qualities accupuncture can provide. I am a science teacher and have been using accupuncture to heal a ruptured achilles after surgery, as well as a reconstructed ACL. It increased my blood flow and reduced the amount of time it took to get back to regular movement and heal.

The corruption of billing insurance when PT's use dry needling is also wrong, and they don't actually call it dry needling, this is ludicrous, especially when accupuncturists are not getting covered under regular insurance policies. This is completely unfair and can ruin the quality of accupunture that I rely on today. Please help keep the quality and integrity in our health profession by not letting this corruption go on.

Thank you for listening,

Sincerely,

Anissa Larson

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One of the main problems I see with lack of training, and something that distinguishes physical therapists from accupuncturists is the practice of going right to the trigger point.

Acupuncturists do distal points first to reduce the "sore spot" first. Then and only then do they needle the affected area if it hasn't cleared. Often it isn't necessary. It is possible and common for the patient to get nausea, dizziness, and/or vomiting if the proper number of needles are not known. This comes from assessing the overall constitution of the patient. Direct needling without preparing the body can make symptoms worse. I treat the constitution before treating the main complaint. This allows the body to balance somewhat, then more energy can be targeted for healing the blockage with no side effects.

The public doesn't distinguish the difference between "dry needling" and acupuncture and if they have a bad experience it reflects back to our profession. When I was in school we were forbidden to treat our friends and family before completing the program for this very reason. The truth is, dry needling is acupuncture.

Acupuncture and Oriental Medicine is a comprehensive and elegant healing medicine. It takes many years to become proficient.

Sincerely,  
Gurdarshan Khalsa, L. Ac., DOM

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Please do not allow Physical Therapists to perform these procedures.....it is a form of acupuncture and inadequate trainings are occurring for PT's.....  
thank You

Carrie Hargrave, MS, LPC  
Mental Health  
Specialist

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Dear Board of Physical Therapy: I am writing to you with concern that Physical Therapists are practicing dry needling with only a weekend training seminar. I understand that dry needling is a form of acupuncture and physical therapists are not licensed or certified in acupuncture. If Medical Doctors must have several hundred hours of training to get certified in acupuncture, why is it that Physical Therapist only need a weekend course? This is very dangerous for the public who probably have no idea how little education the physical therapist has had in this modality who is sticking a needle into them. I have had both Physical Therapy and acupuncture and I would want to receive those therapies from the person who is trained, certified and licensed in that



therapy. I would not go to an acupuncturist who had a weekend seminar for physical therapy! Please stop allowing this to take place.

Respectfully, Stan Senger

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Stan Senger

California Marine Supply, Inc

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I think it's shameful that PTs could be given license to practice any form of acupuncture without going through the full training of an acupuncturist! I have received acupuncture from a licensed and TRAINED professional for several years, and I can't imagine letting a person with only a weekend's worth of training giving anyone acupuncture. It degrades and humiliates those who have spent years learning and practicing their profession! They know what they're doing! What will a person with 15 hours of training know? They could do more damage than good if you ask me! I am a trained and licensed massage therapist, and have had to go to school and keep up the continuing ed classes all these years just like the acupuncturists. I have seen people think they can go into business as a massage therapist after a weekend workshop, and it just is not okay, it is not right, and it denigrates those of us who have done the work, just as it would denigrate those acupuncturists who have done the work! This is all so that the medical people can claim that they include acupuncture and can charge for it on insurance. Let them, instead, make sure the insurance companies approve acupuncture as a payable treatment, and pay the ones who truly know their profession!

Marlys Morgan, L.M.T

Flagstaff, AZ

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I am a client of acupuncture. I have received the treatment for various reasons over the years. I am very concerned that physical therapists, with minimum training, are using needles for treatment. I would sign a petition against the legality of this practice by physical therapists. This not only puts patients at risk, but diminishes the education requirements for acupuncturists. Please do what you can to disallow the practice of dry needling by physical therapists.

Thank you.

Dr. Hollace Bristol

3056 Mesa Trail

Flagstaff, AZ 86001

(928) 853-0311

[hlbristol@msn.com](mailto:hlbristol@msn.com)

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Dear Brandy,

I have been an acupuncture patient for over a year now and it has helped me a lot. I understand that the practice of "dry needling" is commonplace in physical therapy, but

can't imagine how the therapists could have enough training to do what the acupuncturists do.

I have been and I am sure will be a patient of physical therapy in the future, but would not ever consider accepting "dry needling".

I hope that "dry needling" is reconsidered and left to the professionals that are acupuncturists.

Thank you,

Elise Wilson  
Flagstaff, Arizona

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May 2, 2013

To Whom it May Concern,

My name is Greg McGary, I'm a professional in Flagstaff, AZ.

I receive acupuncture from a licensed and board certified acupuncturist. In the interest of public health and safety I wish to voice my outrage and concerns on the matter of acupuncture being performed by Physical Therapists without proper training, board certification in acupuncture and appropriate licensure as an acupuncturists.

As a community member and patient of Oriental Medicine it seems ludicrous to allow improperly trained healthcare providers such as Physical Therapists to do the job of another healthcare provider who must meet rigorous standards of training and licensure.

I think Physical Therapists and Acupuncturists should work together and refer to each other so that the patient's needs are best met. The PT can send the patient for acupuncture when acupuncture serves the patient, and the Acupuncturist and refer to the PT when physical therapy best serves the patient.

Physical therapists performing acupuncture without proper training, certification and licensure are poor representors of this ancient medical healing modality and negatively influence the public's view of acupuncture as a medical discipline and therefore by extension of all well-trained and licensed acupuncturist. Their lack of knowledge and training diminishes the profound impact Oriental medicine has had on health and well being worldwide. Most physical therapy clients assume that if a PT does acupuncture they have been extensively trained in that particular modality. However if you give a client the choice to be needled by someone who has 16-27 hours of training verses someone who has 3000 hours of training in a particular modality, which do you think they will choose?

Clients deserve to be informed about the risks and lack of training as well as inability to legally bill for this modality of healthcare.

The acupuncture needle was federally regulated and classified as a Class II surgical device on May 28, 1976 with the Medical Device Amendments, which means it is only to be sold to and used by those licensed to practice acupuncture. Therefore, purchase and or use by a physical therapist is breaking the law. In alignment with and respect for such a device, Charles E. Buri, Assistant Attorney General, Counsel of the Board of Medical Examiners wrote in a letter on Feb. 28, 1979 that "The puncture of human skin is, indeed, considered to be minor surgery. For this and other reasons, acupuncture is viewed to be the practice of medicine.... One, who would practice acupuncture without benefit of such license or certification, would be in violation of Arizona law and subject to both civil and criminal sanctions."

Physical therapy scope of practice does not include any puncturing of the skin, including acupuncture. As noted, no aspect of acupuncture, dry needling or other, is part of the standard college curriculum. And it is not tested for on the physical therapy licensing boards.

There are no tests, regulations or proper length of education in acupuncture for Physical therapists and should therefor be left to those extensively trained in this sophisticated modality.

Sincerely,  
Greg McGary

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May 2, 2013

To Whom it May Concern,

My name is Kristin McGary and I'm a Holistic Health care provider in Flagstaff, AZ., Nationally Board Certified and Arizona-state licensed Acupuncturist and previously on the faculty of Arizona School of Acupuncture and Oriental Medicine. I'm writing today because my priority is the health and safety for my patients and the general public.

It is the position of the Council of Colleges of Acupuncture and Oriental Medicine (CCAOM) that dry needling is an acupuncture technique.

Acupuncture is a sophisticated system of medicine that utilizes needles to achieve therapeutic effect. The language used to describe and understand this effect is not limiting and is articulated in both traditional and modern scientific terms. The National Institutes of Health has recognized the efficacy of acupuncture in its consensus statement of 1997 and continued funding of research. It is clear that other professions such as physical therapy



also recognize the efficacy of acupuncture, and are attempting to practice it as a physical therapy technique under the new name “dry needling”.

Acupuncturists undergo a rigorous training program at a minimum standard of three academic years that contains at least 450 hours in biomedical science (biology, anatomy, physiology, western pathology and pharmacology), 90 hours in patient counseling and practice management, and 1365 hours in acupuncture. Of the 1365 hours in acupuncture, 660 hours must be clinical hours. I understand that Physical therapists have their own rigorous training and therefore I would never conclude or pretend to be a PT because we both had anatomy and physiology in school as well as other manual therapy training. A weekend course in “trigger point” acupuncture is horrifically insufficient training to then begin needling patients.

Drs. Peter Dorsher and Johannes Fleckenstein ran three research studies examining the question “are trigger points different from acupuncture points” from four angles. The first study concludes that the anatomic location of trigger points shows 93.3% correspondence to classical acupuncture points. The second study provides two more clinical lines of evidence demonstrating they “describe the same physiologic phenomena”, “.... marked correspondences of the pain indications (up to 97%) and somato-visceral indications (up to 93%) of anatomically corresponding common trigger points to classical acupuncture point pairs. The third study demonstrates “The strong (up to 91%) consistency of the distributions of trigger point regions' referred pain patterns to acupuncture meridians proves another line of evidence”. Therefore, western research has documented that trigger points and acupuncture points have the same locations, the same pain indications, the same somato-visceral indications and the same referred pain patterns and physiological phenomenon, making them the same.

Without proper training in acupuncture, the practice of “dry needling” by comparatively untrained PTs is placing the public at risk.

The Agency for Healthcare Research and Quality (AHRQ), a division of the National Institutes of Health (NIH), in technology assessment published by the U. S. Department of Health and Human Services, agrees, “Acupuncture refers to the insertion of dry needles at specially chosen sites for the treatment or prevention of symptoms and conditions”.

The World Health Organization (WHO) considers dry needling a derivative of acupuncture.

Knowledge of trigger points, also known as “Ashir Points” dates back to the Tang Dynasty (618-907). This is not a new technique that ever existed outside the scope of acupuncture, but rather has been an integral part of this ancient system of health care for more than fourteen centuries.

Yun-tao Ma, a current author and provider of dry needling courses, extends dry needling beyond trigger points to include acupuncture points. He describes the points according to the neuroanatomical location and effects and calls them “Acu reflex” points. It is this

adaptation and renaming of acupuncture to provide total body treatment that also poses a greater risk to the public, as it circumvents established standards for identical practice, i.e., acupuncture, without the rigorous training and licensing that qualified acupuncturists must complete.

The increasing popularity of acupuncture has led other professions without proper training or licensure to irresponsibly attempt to circumvent the Arizona state-mandated training that is required to practice acupuncture (ARS Title 32 Ch. 39) for the protection and the health, welfare and safety of our public.

A crucial area where the lack of proper education surfaces in the non-licensed is understanding the effects of needling, considering at the angle, depth, vigor, frequency and contraindications. For example: If a pregnant woman had a shoulder, neck, wrist or foot injury and saw a physical therapist who was not also schooled and licensed as an acupuncturist, the therapist may very likely find "trigger points" that are contraindicated during pregnancy. Without proper training and licensure they might needle these inappropriately and likely cause her to lose the child or induce dangerous early labor. In the state of Colorado, within the last 30 days, a physical therapist caused a pneumothorax while performing acupuncture aka dry needling. Another case in point: 24 year old Emily K., who's only symptoms was vulvodynia, was needled by a non-Acupuncture-licensed physical therapist with one needle resulting in a 2 inch hematoma on her inner thigh and severe, debilitating pain radiating down to her feet and up her spine to her jaw that even 6 pharmaceuticals and a B12 supplement did not help, in addition to foot neuropathy making it difficult to walk and emotional trauma. The acupuncture point this non-licensure vigorously stimulated, any licensed acupuncturist would know vigorous stimulation is contraindicated in cases such as Emily's for several reasons based on what her Oriental Medicine diagnosis would be and was proven to be by the unsurprising yet extreme results.

If the angle or depth of needle is not correct on points such as Gall Bladder 20 (located below the occiput), a patient could suffer from spinal damage if not brain stem injury. There are thousands of points one must know and understand regarding needling variations, indications and contraindications, which change in combination, not to mention the obvious issues of visceral (organ) damage such as pneumothorax which a number of trained MD's (with 200 hrs of training) in California have caused.

Any strong medicine can cause damage in the untrained and unlicensed hands. Do no harm is the oath which everyone in healthcare should live by for their patient's sake.

I have heard of a PT in Flagstaff claiming that "if I don't know there is a meridian or acupuncture point there, then I can't possibly be effecting it when I do dry needling". This is every bit as absurd as saying that if I don't know there's an artery or a nerve present, then I can't possibly effect it. This blatant disregard for acupuncture as a medical system of healing as well as for the health and safety for her patients is dangerously ignorant and naïve, and further points to the need for Physical Therapists to have accredited acupuncture and oriental medical training, acupuncture board certification and acupuncture state board licensure.

Malpractice insurance is also a huge concern. There are many malpractice insurance companies unwilling to insure physical therapists who perform dry needling because they consider it acupuncture and recognize that physical therapist lack adequate training in this particular field of medicine.

One of the main duties of a licensing agency, such as the State of Arizona Physical Therapy Board of Examiners, is to ensure public safety, through preemptive, preventative licensing laws and rules, not to circumvent the public process of the legislative Sunrise review required for scope of practice expansion, and in this case creating public health hazard. If the national standards for performing acupuncture set by the NCCAOM and the only national accrediting body, ACAOM, were not protecting the health, welfare and safety of our public, then why would the State of Arizona have gone to the trouble of regulating and licensing acupuncture already via the Acupuncture Board of Examiners?

Since there are plenty of acupuncturists in AZ and this scope of practice expansion is financed by the major companies that teach dry needling, one can only assume it is financial gain at the heart of this scope-of-practice expansion and NOT patient care nor public safety, placing the motives as purely monetary and improper.

We must protect public health and safety!

Sincerely,

Kristin McGary

Holistic Healthcare Provider, LAc., MAc., CLP, CST cert., NCCAOM cert.

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To Whom it May Concern:

I am a Physical Therapist who has been practicing dry needling for almost 2 years. In addition, I have just finished training to be an assistant instructor with Kinetacore for their level 1 Functional Dry Needling course. I have a few comments regarding Physical Therapists using Dry Needling in their practice.

First, I believe a profession can not claim a tool or technique as theirs alone to use. We as physical therapists can not claim exercise prescription, taping, tool assisted soft tissue mobilization (ie:ASTYM/Graston) or any other tools and techniques we use as ours alone. And we can not deny their use by other professions. Just as Chiropractors can not deny us the use of manipulation and Acupuncturists can not deny us the use of a needle to achieve a desired physiological response.

Secondly, Physical Therapists' education requirements are more than adequate to prepare us to learn the technique of dry needling. Our knowledge of anatomy is superior, which is critical to safe dry needling technique. When trained by a reputable educational group, risk of patient injury is very slight. As an assistant instructor for Kinetacore I can vouch for the rigorous training required of PT's to pass their dry



needling courses.

As a Physical Therapist who uses this regularly on the majority of my patients, and as a assistant instructor for the level one Kinetacore Functional Dry Needling courses I am a strong advocate for the use of this tool in the profession of Physical Therapy.

Sincerely,

Mia Ramsey, DPT  
Certified Advanced Dry Needling Practitioner  
Fort Collins, Colorado

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To Whom It May Concern,

I am a Doctor of Physical Therapy who has been practicing for 11 years. I do not use Dry Needling in my practice but as this current debate definitely affects my profession, I felt I had to provide input.

I believe that health professionals are overlapping disciplines. Although our education and training is vastly different, there is some overlap in our techniques. PT's perform manual therapy techniques, as do massage therapists. Our approaches and goals are often very different but there definitely is an overlap. Should PT's not be allowed to perform trigger point releases because we are infringing on massage therapist's scope? Can only RN's perform wound care? Can only OT's work on upper extremities? It's a tricky issue and I do know that one profession cannot "own" something. PTs are obligated to function within our scope of practice. We are also obligated to provide the best quality care that is evidence based. What we do, and will continue to do, is evidence based.

Can only RN's perform wound care? Can only OT's work on upper extremities? It's a tricky issue and I do know that one profession cannot "own" something. PTs are obligated to function within our scope of practice. We are also obligated to provide the best quality care that is evidence based. What we do, and will continue to do, is evidence based.

A recent comment from Stephanie Selman, an acupuncturist in Flagstaff, AZ stated that all PTs who use dry needling must go to acupuncture school. PTs could argue that acupuncturists who use any thermal modalities, electromodalities, ultrasound, or manual therapy techniques, oh yeah, and any form of exercise, should go through PT school.

That would be another 7 years of training, by the way. I have the utmost respect for acupuncturists and was honestly really surprised about all of this negativity toward our profession. It makes me feel sad to hear of the sensationalistic and negative slant toward our profession, by the acupuncturists. I'm anxious to see how this all ends but I hope that we, as professionals, continue to support each other because in the end, we all want the same thing, to help our patients.

Sincerely,

Cynthia Jalet, PT, DPT, CWS (Certified Wound Specialist)

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Dear AZ Board of Physical Therapy,

I am writing with concern over the fact that physical therapists have been practicing a form of acupuncture called dry needling for the past two years in Arizona without adequate education in this modality. Without certification this practice should be considered illegal and should be stopped immediately. I realize that their argument for justifying this practice is 1) Extensive study of anatomy and 2) the fact that they are trained in wound care and can use a scalpel on a wound.

I find this reasoning faulty and illogical. For example if an allergist decided he wanted to become a gynecologist could he go to a weekend seminar and start practicing gynecology the next week? Of course not! And this doctor too would have extensive knowledge of anatomy and physiology and would be able to perform invasive procedures such as giving shots. Obviously there is a lot more to know, in order to specialize in a particular modality or specialty than can be learned in a weekend seminar! This is also true of acupuncture. I understand that the claim is that dry needling is not acupuncture but this is not the fact. Dry needling is a form of acupuncture and is listed in the scope of practice of acupuncturists by our National Certification organization, the NCCAOM. When physical therapists offer to perform dry needling on their patients they are *not* informing them that they learned this modality in a weekend seminar! I guarantee that if they did very few people would allow them to do it. It's outrageous, that in a state where an individual must have 1850 hours of college to obtain an acupuncture license that you would allow physical therapists to practice it with a few days of training.

I personally received dry needling from my physical therapist a few weeks ago. I am recovering from a double cervical fusion. This person has been practicing dry needling on her patients for two years. Every needle caused a great deal of pain. This is very unusual with acupuncture. I am an acupuncturist and I have received many acupuncture treatments. All the points hurt for the rest of the day and I had a terrible headache for the entire night. I had to take some Alieve in order to sleep. The next day it burned and hurt at every single needle site. I asked my husband to look at it and he said that it looked like spider bites where all the needles were. I also noticed that my PT didn't use alcohol prior to needling. I'm not sure if this had something to do with the irritation at the needling sites but the overall experience was bad. I continue to see the same PT because she is very good at the other techniques she uses and she is helping me with those. I honestly have the highest respect for physical therapists and their knowledge- but they should leave dry needling or acupuncture to the experts who are highly trained and licensed in it! I'm sure the public at large would agree.

I have also heard that the reason PTs want to practice dry needling is to save their hands. This also is no justification for this practice of acupuncture with almost no education in it. Please consider the good of the general public.

Thank you for your consideration,  
Cynthia Hull, LAc

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As a local Flagstaff citizen, I dearly do agree with the letter to appose giving all therapist license to dry needle with out the proper time admitted to the study and time to learn such a practice. As the letter states, please observe this warning that will effect many in our community and beyond.

karen whitten

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Dear Mr. Brown, Mr. Gonzalez, & Mr. Goodman:

As a licensed acupuncturist/ practitioner of Oriental Medicine, Professor of Oriental Medicine and former Professor & Research Scientist of Immunology/Microbiology in the US, I urge you for the sake of patients' safety and health, to refrain physical therapists from practicing "dry needling" with inadequate training in acupuncture. Practicing acupuncture with a few hours of Continuing Education and without having passed Acupuncture National Board Exam is hazardous to public safety. The recent incident in Colorado of pneumothorax due to "dry needling" caused by an inadequately trained practitioner is alarming. "Dry needling" is a disguised substitute name for acupuncture. It is used by physical therapists to evade the required amount of education/training stipulated by laws in the practice of acupuncture, the legitimate medical therapeutic modality that uses needles to penetrate the body to elicit physiological responses.

A typical licensed acupuncturist completes at least 3,000 hours or more of training in Acupuncture/ Oriental Medicine education together with Western biomedical clinical sciences. The reason for this high level of education requirement is because this ancient medicine is a complex and profound energetic medicine. The Oriental Medical training program incorporates Western Biomedical Sciences as well. Acupuncture is not just needling into muscular tissues as some may perceive. Acupuncture affects the brain functions and in turn triggers many physiological effects. Without proper training, patients face potential risks for nerve damage, paralysis, pneumothorax, bleeding and an wide array of side effects (abnormal blood pressure, cardiovascular dysfunctions, hormonal imbalance, etc..). After years of extensive training in Oriental Medicine, I still feel I have SO MUCH to learn about this profound ancient medicine. The depth of penetration of each point, the direction, angling, the techniques of needle manipulation, the functions of each acupuncture point.... all affects the outcome of the therapy. One could bring adverse effects and harm to the patients if the procedure is performed improperly. The practitioner could bring on hormonal disharmony, headache, miscarriage, dizziness, fainting, collapse, energy drainage, and long term irreparable damage to the patients. The practitioner may not even be aware of potential hazards he/her could cause due to her/his lack of training. A few hours of weekend course would just NOT BE ENOUGH to learn Acupuncture in the SAFE and EFFECTIVE way. Physical therapists are doing a DISSERVICE to the public. It is also an act of DISGRACE to this several thousand years of ancient medicine.

I ask the Boards whose mission is to protect the public, to exercise your duty to ensure the public's safety by refraining physical therapists from practicing acupuncture disguised under "trigger point therapy", "trigger point dry needling", "intramuscular stimulation", intramuscular



manual therapy, "skin needling" or any other variations of terms unless they fulfill adequate level of didactic and practical training requirements similar to that of an AZ licensed acupuncturist. In addition, practicing acupuncture is not within the scope of practice described in the by-laws of physical therapists. In essence, this constitutes illegally practicing a medical procedure without the proper license and credentials.

Thank you for your consideration.

Respectfully,

Wendy N. Lee, L.Ac. Dipl. OM (NCCAOM)  
Acupuncture Health & Wellness LLC

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May 3, 2013

Arizona State Board of Physical Therapy  
4205 North 7<sup>th</sup> Ave, Ste 208  
Phoenix, AZ 85013

Public Comments on Dry Needling

Attn Brandy

Via: [Brandy@GoodmanSchwartz.com](mailto:Brandy@GoodmanSchwartz.com)

I am writing to express concern and offer perspective and assistance regarding the conflict that has arisen between the Physical Therapy (PT) and Licensed Acupuncture (LAc) communities over the use of dry needling by Physical Therapists.

I am a board certified Physiatrist and am trained in medical acupuncture. This gives me a unique perspective on this matter. As a classically trained physiatrist I am well versed in musculoskeletal and neuromuscular medicine. My practice includes primarily physical medicine and non interventional pain management. I work closely with Physical Therapists and I frequently consult with and am consulted by PTs. I am also trained in and practice medical acupuncture, having trained through the intensive UCLA program headed by Dr. Joseph Helms.

I well understand the allopathic background and concepts of PM&R and PT. I also understand the principles, practice and philosophy of acupuncture, which is very different in concept than allopathic medicine and PT.

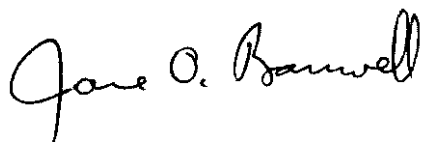
My observation of the conflict between PTs and acupuncturists (LAcS) regarding dry needling is that the two groups speak and understand very different languages. Physical Therapists understand pain, tissue restriction, musculoskeletal, neurological and

myofascial dysfunction and the treatment of these problems. Historically the treatment used by PTs included physical modalities that work directly to address the problems presented. Acupuncturists understand the concept of qi, acupuncture meridians and the local as well as remote effects of treating acupuncture points. My observation of some of the concerns on the part of acupuncturists is that acupuncture points can be stimulated (tonified) or calmed (sedated) and that if the wrong technique is used, the effect can be deleterious or harmful. In acupuncture, it is well understood that points have both local and remote effects and these effects are taken into consideration in planning an acupuncture treatment. The local effects are fairly easy to understand, may seem quite obvious and I see that PTs are trained to utilize these local effects to directly treat the presenting problem. However, if the treating PT does not understand the remote effects, a very different response can be obtained than that being sought and this can also be deleterious or harmful. Lack of knowledge does not preclude lack of risk or harm.

I recommend that Acupuncturists and Physical Therapists work to develop an understanding of the area of overlap between the two disciplines. As the current primary concern on the part of the LAcS seems to be that PTs do not understand the issues discussed above, I propose that PTs receive training to understand these principles. As acupuncturists are the experts in this field, I propose that this training be delivered by acupuncturists. I realize that this requires more work and training on the part of the PTs receiving the training and the LAcS delivering the training, but I believe that this is the safest approach and the one that will most effectively bridge that knowledge gap and the animosity between the two groups.

As a physician who is trained and understands the knowledge base of the two groups, I am willing to assist as a neutral party to effect a solution to the conflict between two groups.

Sincerely

A handwritten signature in black ink that reads "Jane O. Barnwell". The signature is written in a cursive, flowing style.

Jane O. Barnwell, MD

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To Whom It May Concern:

Regarding this subject, it is my opinion that PTs do not have enough training, only one weekend. Licensed Acupuncturists have at least 1,850 hours of training and 2-3 years of clinical supervised practice.

Melinda DeBoer

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To:

Mr. Charles Brown  
Executive Director  
State of Arizona  
PT Board of Examiners

Ms. Brandy Petrone  
Lobbyist, PT's

Mr. Pete Gonzales  
Executive Director  
State of Arizona  
AC Board of Examiners

May 3, 2013

RE: Concerning PT's performing Acupuncture/Dry Needling

Dear Honorable Lady and Gentlemen,

Today I am writing you in concern of public safety and the safety of my patients.

1.) Manual means relating to be done by or with the hands, according to The New Lexicon Webster's Dictionary of the English Language. Manual Therapy is the use of one's hands to interact with the patient. This does not include the use of an instrument on patients.

Therefore it does not include someone using their hands to manipulate an object, otherwise laser-brain surgery, tattoo artistry and electronic technicians performing pacemaker surgery would all be included, while all these techniques use their hands, not their feet or elbows.

Manual Therapy does not include Acupuncture, by any name.

2.) Physical Therapists are very well trained in areas of debridement and strengthening muscular function. In the words of a Flagstaff PT, they are intensely "trained in the use of debridement tools and forceps", but not filiform nor solid needles. If the leap is attempted at equating training in forceps or debridement techniques to the innate understanding of how a solid needle interacts with the entire body, then what is stopping you from including surgery in your scope of practice, especially since some PT's assist surgeons in surgery? What is stopping Acupuncturists from doing debridement and other techniques you feel are PT techniques?

This is outright hubris and disrespect for patients and the Public Health, not to mention the medicine itself.

3.) This lack of education and training in the use and effects of solid needles by PT's is why the several malpractice insurance companies have published written statements that they will NOT cover PT's practicing acupuncture, by any name, while it ***is a Public Health Hazard***. While the current AZ standard is for 1850 hours in Acupuncture, the AZ BoE predominantly uses the NCCAOM's Federal and International standard which is about 3,000 hours. Many Acupuncturists have far more training, including concurrent MD training or the equivalent first 2 to 3 years, PhDs or several hundred hour specialties in the same type of medicine, i.e. Acupuncture and Oriental Medicine. Personally, I have an MSOM, PhD (OM) and a 300 hour specialty in orthopedics, and yet I know I will spend the



rest of my professional life studying the great depths of this medicine. If PT's desire to perform Acupuncture, by any name, we welcome you whole heartedly once you have passed the NCCAOM Boards showing a minimum level of competence.

When a needle is inserted, the body does not know whether an Acupuncturist or an MD or a PT is inserting it. The body does not know how much training the practitioner has. The body is not aware that the practitioner may not want body to fully use the indications of a point. The body only knows that a needle has been inserted and will trigger the indications for that point. This is why any practitioner inserting needles is responsible for knowing how the body, not just the local muscles, will respond.

Any thing else is irresponsible.

4.) This lack of understanding the full consequence of inserting a needle has brought about extremely poor research done by people with this little training.

They do not even know what issues they are affecting and therefore can not monitor the effects of what they do with any scientific relevance.

5.) Medicare and Medicaid officials have stated and gone after those MDs and PT's billing for Acupuncture, while it is FRAUD. Are you supporting or encouraging your PT's to perform fraudulent acts?

6.) PT's and others who are not fully trained in the use of solid needles, Acupuncture, have been causing injuries across the country, from leaving a patient, Emily, in sever pain and unable to teach after one treatment, to a patient dying and then being revived by CPR, to a patients lung collapsing last month. This is why the PT malpractice insurance companies consider this issue a Public Health Hazard and an endangerment to the Public Welfare and Safety. (See former letters that you have received for the details.)

7.) All the Healthcare Boards of Examiners were created primarily, if not solely, because of real Public Health Hazards and an endangerment to the Public Welfare and Safety. This is why the State of AZ Acupuncture Board of Examiners exists, to regulate acupuncture and adjunctive therapies. This goal of protecting the Public is why the State of AZ Physical therapy Board of Examiners exists. Please perform your duties with integrity.

Physical Therapists are wonderfully trained in many areas, but not in the use and indications of solid needles, Acupuncture. Please continue to do the great work you do and leave acupuncture, by any name, to LAc's and the State of AZ Acupuncture Board of Examiners.

Anything else would be unconscionable considering all the data and the Public lives at risk.

The 5,000 year old "Ice Man" found in the Alps in the mid 1990's had received acupuncture, in what is considered a Tibetan style. There where marks on different areas of his body that correlate perfectly with the low back injuries he had and which were confirmed by

**MRI. Is it not only right that we ask today's practitioner to be better qualified than those from 5,000 years ago?**

Thank you for working to serve the Public so hard.

Respectfully submitted

Jessica B. M. Jordan, Ph.D. (OM), MSOM, MBA, Dipl. Ac (NCCAOM), L.Ac.

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To: Arizona Board of Physical Therapy

I am in full support of allowing Licensed Physical Therapists to perform dry needling in the state of Arizona. I understand that public safety has been the number one stated issue of concern but these concerns are biased and emotional in nature. The data actually supports the safety and efficacy of Physical Therapists using dry needling for musculoskeletal pain.

I have experienced great results both personally and professionally with this modality. I feel that it would actually be a detriment to the community to limit Physical Therapists access to practice dry needling as a safe and effective tool.

Thank you for your time.

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Daniel M. Chitwood, PT, DPT, LMT, CSCS

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